71481

Class . No

Presented by

H. A. Hare, M. D.

1 60

MISSISSIPPI MEDICAL MONTHLY

OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

EDITED BY

E. F. HOWARD B.S., M.D.

ASSOCIATE EDITORS

B. B MARTIN M.D., Vicksburg.

H. L. SUTHERLAND M.D., Rosedale.

H. M. FOLKES M.D., Biloxi

M H. BELL M.D., Vicksburg.

VOLUME XII.

May 1907 to April 1908.

VICKSBURG, MISSISSIPPI.

Contributors to Volume XII.

ARRINGTON O. N., Vicksburg.
BAYNE L. W., Hattiesburg.
BROUGHER F. M., Belen.
BUCK H. C., Friars Point.
CAPPS H. S., Gulfport.
CARROLL G. F., Biloxi.
CATCHING J. M., Hazlehurst.
CRAWFORD W. W., Hattiesburg.
DARRINGTON J., Yazoo City.
DICKERSON L. D., McComb City.
DYE T. M., Sherard.
FOLKES H. M., Biloxi.
GRANGER A., New Orleans, La.
HIGDON R. E., Brookhaven.
HOWARD W. L., Greenville.
HUDSON L. B., Hattiesburg.
JOHNSON J. H., Brookhaven.
JOHNSON G. S., Dublin.
JONES D. W., Fernwood.
MARTIN B. B., Vicksburg.
MARTIN E. H., Hot Springs, Ark.
MORRIS A. L., Gulfport.
McGEHEE E. L., New Orleans, La.
McLEAN E. R., Cleveland.
McNEAL B. F., Ezra.
NEWMAN L., Ecru.
RAINEY P. T., Cascilla.
RICE C. H., Summit.
ROWAN W. H., Wiggins.
SHIVERS M. O., Greenville.
SLACK J. J., Friars Point.
SMYTHE J., New Orleans, La.
TURRENTINE A. E., Chancy.
WALKER H. L., Clarksdale.
WILSON S. G., Brookhaven.

AUG 6 - 1908
71481

Digitized by the Internet Archive
in 2016 with funding from
The National Endowment for the Humanities and the Arcadia Fund

https://archive.org/details/mississippimedic1219miss

INDEX TO VOLUME XII.

ADDRESSES: PAGE

Of President Before The Clarksdale And Six Counties Medical Society 21
Of President Before The State Medical Association 1
Of President Before The Tri-County (Pike, Lincoln, Copiah) Medical Society 181

ASSOCIATION PRESIDENTS:—

Dr. W. Y. Gadberry 234
Dr. S. V. Hill 257

BOARD OF HEALTH 234

BOOK REVIEWS:—

Abdominal And Pelvic Brain With Automatic Visceral Ganglia .. 60
Compend Of Surgery 200
Correction Of Featural Imperfections 219
Diagnostics Of The Diseases Of Children 59
Diseases Of Infancy And Childhood 82
Diseases Of The Genito-Urinary Organs And The Kidney 198
Diseases Of The Nervous System 179
Diseases Of The Stomach 139
Gonorrhoea 220
Handbook Of Suggestive Therapeutics 217
Heart Disease And Blood Pressure 160
Immune Sera 219
Internal Secretions And The Principles Of Medicine 179
International Clinics 40-118-140-220
Manual Of Diseases Of The Nose, Throat And Ear 117
Nephritis 58
Obstetrics 160
Personal Hygiene In Tropical And Semi-Tropical Countries 260
Physical Diagnosis 58
Practical Fever Nursing 140
Principles And Practice Of Dermatology 59
Principles And Practice Of Modern Otology 218
Sexual Instinct 219
Surgical Diagnosis 60
Syllabus Of Diseases Of The Eye 260
Syphilis 240
Syphilis In Its Medico-Legal And Sociological Aspects 199
Text Book Of Minor Surgery 218
Text Books Of Physiology 180
Text Book Of Practical Gynecology 200
Text Book Of The Practice Of Medicine 199
Treatise On Diseases Of The Skin 199
Treatment Of The Diseases Of Children 139
Wellcome's Photographic Exposure Record And Diary 82-240

LETTERS TO THE EDITOR:—

Dr. H. F. Garrison 176
Dr. W. D. Redus 55

INDEX TO VOLUME XII.

PAGE

Dr. W. H. Sutherland 54
Dr. H. H. West 135-192

MISSISSIPPI STATE MEDICAL ASSOCIATION:—

Minutes for 1907 Meeting 14
Notes And Announcements 31-52-76-114-132-139-154-174
Programme Of The 1908 Meeting 252

OBITUARY:—

Dr. E. W. Flowers 214
Dr. Jere Gibert 79

ORIGINAL CONTRIBUTIONS:—

Acute Miliary Tuberculosis 111
Beri-Beri 119
Biliousness: Its Sequelae And Treatment 43
Broncho-Pneumonia In Children 49
Case Of Gall-Stone 232
Conservative Forceptry 161
Dangers Of The Therapeutical Uses Of The X-Ray 23
Diagnosis 148
Diagnosis And Treatment Of Tumors Of The Uterus 141
Doctor's Wife *(Poem)* 209
Forceps 68
Gastro-Enterostomy 63
Gonorrhoea 225
Gunshot Wounds 185
Hygienic, Dietetic And Medical Treatment Of Tubereulosis 87
Importance Of Early Treatment Of Nose And Naso-Pharyngeal Troubles 150
Mental Aberration Due To Pressure 41
Physiological Effects Of The Waters Of The Hot Springs Of Arkansas 7
Prophylaxis Of Consumption With Special Regard To Public Buildings, Railroad Trains, Etc. 83
Puerperal Convulsions 207
Quinine In The Treatment Of Pneumonia 61
Report Of A Peculiar Case 46
Report Of Three Cases 188
Snap-Shot Diagnosis Of Syphilis And Its Evil 146
Some Ancient And Modern Theories As Regards The Propagation And Treatment Of Malarial Diseases 169
Some Handicaps In Negro Practice 221
Some Benefits Of Exercise And Plain Food During Pregnancy 249
Spasmodic Asthma 165
Suggestion: Simple And Hypnotic 243
Syphilitic Dementia: Report Of A Case 143
Surgical Aspects Of Consumption 107
Teenique Of Brain Surgery 241
Trypsin Treatment Of Cancer 129

INDEX TO VOLUME XII.

PAGE

Tuberculosis 100
Tuberculosis In The Negro 92
When To Operate For Appendicitis 201

SOCIETY PROCEEDINGS:—

Adams County Medical Society 80
Bolivar County Medical Society 37-80
Clarksdale And Six Counties Medical Society..... 37
Covington-Simpson County Medical Society 80
DeSoto County Medical Association 37
DeSoto County Medical Society..... 215
Harrison County Medical Society.....
.....38-55-81-117-136-159-176-196-215-236-258
Hinds County Medical Society 216
Louisiana State Medical Society 35
Mississippi Anti-Tuberculosis League 36
Newton-Neshoba County Medical Society 217
Panola County Medical Society 20
Perry-Green County Medical Society.....39-56-137-177-196-237-259
Rankin County Medical Society 217
Sharkey County Medical Society 177
Southern Medical Society 159
Southern Surgical And Gynecological Association..... 178
Tate County Medical Society 259
Tishomingo County Medical Society 178
Tri-County (Pike, Lincoln, Copiah) Medical Society.....
....40-57-116-138-160-197-239-260
Tri-County (Montgomery, Carroll, Webster) Medical Society.... 260
Union County Medical Society 59-197
Warren County Medical Society 138
Washington County Medical Society 81

MISSISSIPPI MEDICAL MONTHLY.

VOL. XII.] MAY 1907. [NO. 1

PRESIDENT'S ADDRESS
BEFORE THE MISSISSIPPI STATE MEDICAL ASSOCIATION.

WALTER W. CRAWFORD M.D.,

HATTIESBURG.

Gentlemen of the Mississippi State Medical Association:

Instead of giving a dissertation on some abstract theme this evening, I wish to discuss some questions that are of special importance to the profession of our state to-day.

There has never been a time in the history of medicine when systematic and comprehensive endeavor has so thoroughly characterized its every department. We are no longer content with the methods and measures of our forefathers, but from every quarter of the globe Champollions are appearing with interpretations for the Rosetta Stones of science that have so long been in the helpless grasp of the profession. With our research laboratories to supplement bedside and therapeutic observation, we are rapidly becoming en rapport with the demands of our calling.

It is my privilege to have recently read the annual address of one of my predecessors delivered before this association twenty years ago. In it he congratulated the profession upon its wonderful progress, and did it justly. In my imagination I picture this same gentleman, who is still an active practitioner and has kept in touch with modern advancement, writing another address. He has a resume of medical achievement from the time when Hippocrates crossed to the Stygian shores down to the opsonic index of the present. He would recall that the first deliberate operation for appendicitis was chronicled the same year that first address was written; that all the work now being accomplished with safety and precision on the stomach, gall-bladder and pelvic contents, has found a definite abiding place in our science since then. He sees the nervous individual with rapid heart, disfigured neck and prominent eye-balls brought again into normal relations with life; severed nerves repaired

with complete restoration of function; anastomoses of cut blood vessels. He sees that the ambitious surgeon has even transferred the kidney from its normal resting place to the neck and bade it continue to perform its function. He observes that man no longer depends upon the puny light of the sun, the sense of touch or logical deduction to determine whether or not there has been a solution in continuity of bone or whether a foreign body has found lodgment in a given locality, but, utilizing the principle that the good and useful are often obscured by intimate association with opposing influences, he has learned to analyze light and bring into activity the x-ray, with its powers to penetrate and to heal.

The progress of these twenty years has made it possible for him to approach the bedside of the erstwhile hopeless little victim of laryngeal diphtheria with perfect confidence because of the definiteness of antitoxin. He observes the practical application of this discovery in that other sera have been and are being evolved for a variety of diseases.

Paraphrasing the words of Napoleon when with his army he viewed the pyramids of Egypt: twenty centuries of medicine look down upon us; but the rapidity with which the science has responded to our research during recent years warrants the presumption that during all these centuries we have had to do with an embryo, and that the soil and moisture of circumstance have just begun to develop its latent possibilities, and we may reasonably expect that a convergence of the forces that are now in active existence will unfold a plant whose branches will provide a panacea for all the ills incident to germ life.

While the achievements of the past two decades have been far-reaching and warrant the most extravagant speculation for the future, yet they have not begun to comprehend all of the demands of the great art of healing nor the possibilities of medical science. There are numerous diseases whose treatment is most unsatisfactory to both patient and physician. This has been notably true in regard to tuberculosis, a disease that is as old as man, a disease that has left more tomb-stones to stand in silent mockery of man's failure to arrest its progress than a combination of all the other infectious diseases that engage the American physician.

Both the profession and general public are becoming impressed with the importance of this subject and in many sections are waging a campaign of education. This is well, but the doctor, whose knowledge of sanitary prophylaxis warrants intelligent leadership, should not only plan the battles but should be on the firing line.

The plan of organization adopted by the American Medical Association a few years ago, comprehending as it does the various states and their component county societies, comprises a most attractive as well as practical system, and yet a system that in its present degree of organization does not meet all the demands of the medical profession. It is pleasing to come together in the monthly county meetings and in addition to the scientific programme to discuss the varied topics of local character with one's fellows. The annual state meetings are welcomed for the same reason. The national gatherings, while largely attended, attract very few from the individual state. This is due primarily to the fact that in a country so large as ours, even the most central meetings are far removed from the out-lying states; thus depriving many of those from attendance whose practice limits their absence from home. Even with these limitations the national body has attained such proportions as to deprive a large percentage of those who do attend its sessions from participating in its programme.

In anticipation of this state of affairs the American Medical Association provided that district organizations might be formed from states whose geographical relationship and tastes would suggest such an arrangement. In accordance with this idea, delegates from Louisiana, Mississippi, Alabama, Tennessee, Georgia and Florida met in Chattanooga, October 4th 1906, and acting with the tri-state society of Tennessee, Alabama and Georgia, then in session, formed the southern branch of the American Medical Association, an organization with no legislative department but whose sole function is to be scientific work. Being in direct affiliation with and endorsed by the American Medical Association, it at once commends itself to the profession. Every member of its component state societies is eligible to its membership. Such a society should, and we believe will, add to its roster a large membership of the best men in the

south. We heartily commend it to you.

Mississippi has for many years taken a pardonable pride in her efforts along educational lines. She has ranked ahead of the other southern states in establishing and maintaining an industrial institute and college of high order for girls, and has pursued a liberal policy toward almost every institution calculated to elevate and enlighten her citizenship. For many years she has, through her State Board of Health, required applicants for license to practice medicine, to pass a rigid examination. This has had a most wholesome influence, in that it has not only stimulated higher attainment on the part of the student who expected to practice medicine within her borders, but has impressed medical colleges in this territory with the importance of a higher curriculum and more exact teaching. At a glance such a situation would seem ideal. But, you will inquire, what are the requirements to gain permission to go before the Board of Health for these examinations. None whatever, and this is the weak and yet the most important link in the whole system. The country has numerous well-equipped colleges and hospitals whose only excuse for existence is to provide students with the necessary information for a work in which human life is taken daily to task, and need I say a work whose responsibilities should inspire the most thorough preparation on the part of those who elect to do it; and yet a man who has never seen a medical college or hospital is accorded the same right to take the examination and receive a license as the man who has given many years serious preparation in our best institutions. That this should not be needs no argument. However, the matter cannot be changed by the State Board of Health but, if corrected at all, must be done by legislative enactment. There are only eleven states in the union that do not require applicants for license to present their diplomas before the examining board. That our state belongs to that number we regret. The individual voter has entrusted his family to our guidance in matters of health. He has even been willing for us to administer to the indigent sick of the community without hope of recompense, but through the constituted authorities of the state, who are to conform to his wishes, he has not only refused to offer us any protection in the collection of those accounts

made by patients who have the capacity but not the inclination to pay, but he has thus far refused to help us to protect him against the imposition of a class of men who are gaining entrance into our profession with no technical qualifications for the practice, men who know nothing of that sublimity of thought that comes as an earnest for a duty well performed, but men to whom patients are welcome because they provide a means for the acquisition of material wealth. I refuse to believe that our citizenship will continue to tolerate such an inconsistency, and I wish to enter a plea here and now that every member of this association ask his representative and senator to see to it that in the 1908 session of the legislature our state shall declare that none but graduates shall have her seal of approval for the practice of medicine.

I deem it my duty gentlemen to call your attention to the status of the contest between the doctors and the Life Insurance Companies. We will recall that at our last annual meeting a resolution was adopted requesting all county societies to refuse to make old-line examinations for less than the original fee of five dollars. In accordance with that resolution the matter has been properly presented and discussed by most of the societies. Some promptly adopted, others kept the matter under consideration for a time in order to secure more harmonious support, while a third class has waited for the present meeting for more emphatic instruction. More than thirty counties have given it unconditional support, and from the sentiment throughout the state we confidently believe that all of the organized counties will have done so in less than six months. The capable and conscientious examiner is the greatest safe-guard known to life insurance. Without the proper administration of this department, both policy-holder and stock-holder must have their interests jeopardized. That the examiner has given faithful and intelligent service during all of the past, the multiplied millions of surplus attest. Should the representative men in the profession continue to make these examinations, even though they made them free, they would give the same high-class service as heretofore because they are men of integrity. The insurance companies know this and have hoped to have an additional two dollars from each

applicant to apply to fabulous salaries and other sources of expenditure foreign to the interests of the policy-holder, by with-holding them from the doctors who have carefully passed on the risks. They have miscalculated however, and are reaping a whirlwind, because there is a principle involved greater than the sordid fees, and the profession over the entire country is declaring against such injustice. 'Tis true that here and there are men of some prominence in the profession who, for private hope of personal gain, may insist that after all we are amply compensated and should not be so presumptuous as to object to having the insurance companies totally disregard the proper estimate of our services. But I congratulate the profession that such men constitute an insignificant minority and even they will count the cost and decide to live in harmony with a profession, the beauty of whose ethics has ever been a source of admiration from the world.

In an interview with the president of the American Medical Association a few months ago I was assured that, from the most healthful optimism in various portions of the country, there would undoubtedly come a complete triumph for us. I agree with the doctor, but would have you remember that you are to contribute toward such an end.

In conclusion, gentlemen, it is your duty to name five members of the State Board of Health at this meeting. This is a most important concession, provided by our statutes, and while that number constitutes a minority of the Board, let us see to it that it consists of men who thoroughly represent the best interests of both profession and laity. Men who not only possess the intellectual force and moral stamina to represent us, but who have been loyal to the Association and have contributed towards the success of its scientific work.

In this connection allow me to say that much of the efficiency of the State Board, in its final analysis, finds expression in the work of the county health officers. In fact, the county health officer is at once the sentinel and executive officer in his own territory. Ever alert, he is ready to locate infectious diseases and suppress them before there has been a general exposure of the community. His is the real danger, and yet the value of such services is totally disregarded in

most counties as evidenced by the fact that some pay fifty dollars per year while others pay fifteen hundred dollars. There should be uniformity of salary. The boards of supervisors have the power to arrange the matter, but have not done so.

Last summer a state convention of boards of supervisors was held in my city. Appreciating the fact that it was an opportune time, I requested the health officers in the counties nearest Hattiesburg to help the member of the State Board of that district and myself to present the subject of salaries before the convention. This was done and we believe was productive of some good. We further believe that if the matter is again brought before that body at its Jackson convention during the coming summer, it will result in the equitable adjustment of the question.

---

*THE PHYSIOLOGICAL EFFECT OF THE WATERS OF THE HOT SPRINGS OF ARKANSAS.

E. H. MARTIN M.D.,

HOT SPRINGS, ARK.

Omitting the historical data with which a paper on such a subject is usually prefaced, I will not even refer to Ponce de Leon, the Fountain of Youth or DeSoto. This very brief paper will also not mention, except casually, the curative effect of the Hot Springs baths in certain diseases and conditions but will merely go into the physiological effect of these peculiar waters.

I do not know of anything of interest to the profession as a whole on which there is such a wide spread lack of information among the physicians of the United States, at least those living fifty miles or more away from Hot Springs, and I feel it my duty to help to give this information to the profession. For whether you wish it or not, some of your patients will go there, and if you look upon this water as merely hot water you may give much erroneous advice.

It is to be regretted in a measure that these Springs were ever named Hot Springs or even that the water comes out hot, if it could have the same effect otherwise, or that

*Read before the Mississippi State Medical Association.

anything of the sort should have given rise to the popular expression "boiling out" or to the belief, lay and professional, that this is merely *hot* water.

The fact is that patients rarely get a really hot bath at Hot Springs, at least a bath above the normal temperature of the human blood. They *can* get them as hot as can be borne, but the average temperature at which baths are prescribed at that place is 98°F., frequently at 94 or 96, and rarely at 100 or higher.

What then is the effect of this water? Let me first call your attention to the effect of a *hot* bath of the ordinary kind taken anywhere. You may place a healthy person in a tub of ordinary hot water, as hot as he can get into it, say at 107° F., and after he has been there with the temperature maintained as high as can be borne for twenty minutes, you will find that his sublingual temperature is unchanged. The skin may be hotter, but the heat-governing centers have seen to it that the conducted heat has been cared for; there has been no increase in general cell activity through the body and usually no increase in the pulse rate after the first shock of getting into the very hot water.

On the other hand you may place a person in good health in a bath of Hot Springs water at a temperature several degrees lower than the person's normal temperature, 98—96 or even 94° F., how much lower I do not know, and you will see a remarkable change. The subject with a normal temperature of 98 3-5° F., lying in a colder medium than his own blood, will rapidly experience an increase in temperature. Usually in ten minutes the thermometer under the tongue will show 100° F., in twelve to fifteen minutes 101, and I have seen the subject's temperature go to nearly 103 after an hour in the bath hall and several dips in the tub, amounting to probably thirty minutes in all in the water. Another patient, a lady of intelligence and reliability, reports a reaction to 104° F. in less than twenty minutes, temperature of water 98°F. Taking the water internally adds to the rapidity of the reaction. If the water is very active, it is not necessary to immerse the entire body in order to get the reaction. If only the feet are kept in the water, the subject's temperature will go up, though more slowly, as might be expected.

Where does this heat come from? Certainly not from the water, as it is colder than the subject's blood. At the same time the pulse rate is correspondingly increased thirty or forty or even fifty beats per minute, depending upon the individual's peculiar heart's action; if heart's action is very excitable from any organic or functional cause, sudden syncope is sometimes observed.

The subject when removed from the bath sweats profusely, as he should do when sweating off a fever, and in about forty minutes his temperature is normal, the pulse running a little higher than normal for a long period, depending on individual idiosyncrasy. The period of increased cell activity, also the duration of the sweat and extent of elimination, may be prolonged by a few minutes in the vapor or hot room, or both.

Where does the increase in body temperature come from? The question persists and must be answered. Evidently some quality of the water has started a general increase in cell activity throughout the patient's body. The blood cells work faster, the cells of the bone marrow become more active, the cells of every organ must feel the stimulus, the muscle cells give up waste products as after severe exercise and this general increased metabolism causes a corresponding rise in the body temperature. Something has "started the pot to boiling," as it were, in that subject and he furnishes the heat himself for this increase in temperature.

So confident do I feel that the good of the tub bath at Hot Springs is due to this increased metabolism with the subsequent elimination, and that the increase in cell activity is directly measurable by the increase in body temperature, that I regulate my patient's stay in the tub, not by the number of minutes but by the patient's increase in temperature. Empirically I have found that most patients who stay in the tub long enough to reach up to a temperature of over 101° F. feel some depression or headache or nausea afterward. For that reason I direct that he or she shall stay in the tub until the temperature under the tongue goes to 101° F. or less, according to the case. In this way the patient gets the full benefit of the increased cell activity and does not carry it to a harmful point. That the bath can not be given or regulated accurately as to effect by the length of time in the tub

is shown by the fact that the time necessary for a reaction up to a given temperature varies in different individuals; one patient, a very large man who might have been expected to give a slow reaction, taking only eight minutes. The other extreme was represented by a very nervous woman whom I would have guessed at as needing a very short bath and who never reacted to 100 3-5° F. in less than thirty minutes. However the large majority of people, sick or well, will get a two degree rise in temperature in ten or fifteen minutes and twelve minutes is a safe time to prescribe for the average case.

But for therapeutic accuracy, especially in the first few baths, until the patient learns about how many minutes it takes him individually to get up a two degree reaction, the tubbing should be prescribed by the thermometer and not by the clock. Indeed it is better to have each bath and its increased metabolism so dosed, as owing to the method of cooling the water it is at times more active than at others at the same tub, and unless the reaction is measured with a thermometer under the tongue you never know whether your patient has received the exact effect desired or too little or too much.

The results of this metabolism are two-fold, eliminative and constructive. The elimination through the skin is shown by the sweating and by the uric acid eczema which occurs in certain cases from the early baths, to disappear after a number of baths have given sufficient elimination.

The elimination through the kidneys is proven by the high specific gravity of the urine, 1.030 or more, seen in nearly all cases after a few baths even when the water lost in sweating is compensated for by increased ingestion and even when the urine is kept at or above the normal quantity.

The elimination is also shown, contradictory as it may seem at first glance, by the constipation usually following the baths. The constipation is due to lack of bile, the so-called natural purgative of the bowels, and the lack of bile is due to the liver cells being crowded with effete material in the process of elimination. This constipation is not due to any astringency of the water ingested but follows the baths whether the hot water is drunk or not. Mild saline purgatives usually suffice to overcome it, though occasionally re-

course must be had to classical "liver medicine."

The constructive metabolism following the baths is shown most typically in chronic malaria, here exists anemia, hemaglobinaemia and a balky condition of the hematopoietic system. After a few baths the picture changes and there can be no doubt that the change is due not so much to elimination as to hematogenesis through increased activity of the cellular elements of the blood, bone marrow, spleen, etc.

The question for years has been—"How does the water cure?" or as we will put it—How is this physiological effect produced?

No drugs or chemical known to science will, if taken into the system, cause such an increase in cell activity, and it naturally follows that the repeated chemical analyses of the waters throw no light on the subject. Thinking observers long since came to the conclusion that such an effect must be due to a force and not to a chemical substance, and electricity or some electrical condition of the waters was often suggested as the source of its power. But this explanation failed to gain credence because no known application of electricity would produce such an effect.

Since the discovery of the X-Ray, and later of radium and the radio-activity of substances brought in contact with the salts of radium, a good working theory has been brought out to account for the physiological effect of the Hot Springs baths.

First it was found by a number of observers that incidental to the application of the X-Ray, especially if in small dosage and at comparatively long distances and long duration, a distinct increase in metabolism followed by increased elimination occurred, so much so that its use was contraindicated in chronic kidney disease at certain stages.

Later it appeared that radio-active substances had a similar effect.

And then it was found by Profs. Boltwood and Pratt of New Haven, making tests of this water for the government, that the waters on the Hot Springs Reservation are all radio-active to a marked degree and that this radio-activity is due to the presence of a radio-active gas.

And finally a French experimenter reports the artificial production of a radio-active bath giving the same physiolog-

ical effects as those herein described.

This seems conclusive evidence but I offer it as only a working theory until the Frenchman's experiment is verified. It may be possible that at some future day artificial "Hot Springs Baths" may be had in any Turkish bath house in any city, or even in one's own bath-room, but it will probably be a long time before radium and its salts become plentiful enough, commercially, for this to be done economically, though "radium water" is already in therapeutic use internally.

In conclusion I wish to call attention to the fact that the physicians all over the country are under the impression that these are merely hot baths. They deter, in all honesty, patients from going to Hot Springs by declaring that hot water is hot water anywhere and advising the patient to take hot baths at home? I wish also to emphasize the facts that while this water comes out hot, and would not remain radio-active if it came out cold and had to be heated, as it would then lose the gas in which resides the radio-activity, still that the water's being hot is merely incidental, that the baths are not given very hot and that the water is just as effective at a lower temperature as at a higher, if fresh.

All of the facts herein stated have been known for years and have been published from time to time by the older investigators at Hot Springs, particularly by the late Dr. Gebhart and the late Dr. Jelks. The only claim for originality on my part is the introduction of the method of dosing the bath effect by the systematic use of the clinical thermometer instead of the haphazard way of prescribing the baths by the length of time in the tub.

Dugan-Stuart Building.

ADDENDA. 1. Since this paper was written Prof. Schlmidt of the University of Missouri has reported finding that the tufa deposited by the water contains a salt of radium or at least is radio-active.

2. Dr. Norris of Stratton, Miss., reported to me on the 6th. that through the negligence of his bath attendant that morning he remained twenty or twenty-five minutes in the tub and when he finally secured a thermometer his temperature was 104½° F. He was prostrated for several hours, but six hours later felt that the excessive reaction had greatly benefited his rheumatism. Temperature of water 98° F. when the bath began.

MISSISSIPPI MEDICAL MONTHLY.

E. F. HOWARD B.S., M.D., Editor and Publisher.

ASSOCIATE EDITORS

B. B. MARTIN M.D., Vicksburg. H. L. SUTHERLAND M.D., Rosedale.
H. M. FOLKES M.D., Biloxi. M. H. BELL M.D., Vicksburg.

OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

The 1907 meeting of the State Association passes into history as one of the most successful yet held. The registration, counting both guests and members, was in excess of three hundred, the greater number being in attendance at a majority of the sessions. While the number of papers read before the meeting was not as great as at the Jackson meeting in 1906, ample scientific work was done and all returned to their homes feeling benefited by the meeting. It was unfortunate, however, that so many guests who were down on the programme for papers failed to show up, as must always be the case when the section chairmen fill up their programmes by the drag-net method outside the state, thus lessening the honor conferred by the invitation and the interest taken in the matter by the proposed visitors.

The meetings of the House of Delegates were interesting in the extreme. They were spirited enough to suit the most consistent fighter and at the same time were extremely harmonious, especially in the matter of the insurance resolutions where the chief difficulty seemed to be in finding language strong enough to fit the case. This was, however, finally adjusted in the resolutions introduced by Delegate Aikman of Adams county, the chief focus of the insurance war, and the unanimity displayed by the delegates in voting for these resolutions, which are printed on another page of this issue, was extremely gratifying. The nominating committee, too, deserves special mention for the manner in which it discharged its difficult task, the fact that its work was well done being attested by its nominees, in every instance, receiving the unanimous approval of the House. Gulfport has set a rapid pace for Natchez to follow if she proposes to equal it in 1908.

SOCIETY PROCEEDINGS.

MISSISSIPPI STATE MEDICAL ASSOCIATION

Minutes of the Fortieth Annual Session

Gulfport, April 9th—12th 1907.

The Association was called to order in the City Hall at Gulfport, April 9th at 2 P.M., by President Crawford. After prayer by Rev. J. M. Morse, the Association was welcomed to Gulfport by Judge J. H. Neville. Dr. R. S. Curry of Columbus responded on behalf of the Association. The president made his address at the evening session.

The meetings of the second and third day were held in the Pier Pavilion, the order of business being that set down in the programme. On the fourth day the Association held only one session, at which the newly elected president, Dr. R. S. Curry of Columbus, was installed. It then adjourned to meet in Natchez the second Tuesday in April 1908.

Minutes of the House of Delegates.

April 9th—12th 1907.

The House of Delegates of the Mississippi State Medical Association met in the City Hall at Gulfport, April 9th 1907 at 11:30 A.M., President W. W. Crawford of Hattiesburg in the chair.

On roll call the following counties were found represented:

Attala	Issaquena	Lowndes	Tippah
Carroll	Jackson	Monroe	Union
Clarke	Jones	Montgomery	Warren
Coahoma	Lafayette	Panola	Wayne
Covington	Lauderdale	Perry	Webster
Green	Lee	Pike	Wilkinson
Grenada	Leflore	Pontotoc	Yalobusha
Harrison	Lincoln	Sharkey	Yazoo
Holmes			

The following councilors were present:—Perkins of the second district, Mitchell of the third, Curry of the fourth, Howard of the sixth, Williams of the eighth.

Reports being called for, the council and the secretary asked for further time. The treasurer, not being present, was also accorded further time.

The following members were appointed on the nominating committee:—1st district, Sandifer of Leflore; 2nd district, Harrison of Yalobusha; 3rd district, Spencer of Lee; 4th district, Feemster of Monroe; 5th district, Coker of Yazoo; 6th district, Johnston of Warren; 7th district, Turner of Lauderdale; 8th district, Hyde of Jones; 9th district, Jones of Pike; 10 district, Parker of Harrison.

The House then adjourned, and re-convened at 4:00 P.M.

The insurance examination question was debated at length and finally made the stated order of business for the regular afternoon session April 10th. It was further resolved that the first twenty minutes of this session be accorded any insurance representative who might care to appear before the House.

The House then adjourned, and re-convened in the Pier Pavilion April 10th at 10:00 A.M.

The secretary read his report.

[Report in hands of secretary for final revision and so is not available.]

On motion of Councilor Curry the resignation of Dr. Fox was accepted, and on motion of Ray of Bolivar the thanks of the Association were extended him for his faithful and efficient service.

The chair appointed the following Committee on Necrology:—Councilor Curry, Ray of Bolivar and Bullitt of Lafayette.

The following resolution, introduced by Scudder of Issaquena, was adopted:

Be It Resolved by the Mississippi State Medical Association in regular session assembled that the state legislature be memoralized to place the additional requirement upon all applicants for license to practice medicine, that they shall present to the state board of medical examiners a diploma from a regular, recognized medical college before being allowed to apply for examination.

The president was authorized to appoint a special committee of five to present this resolution to the legislature and to urge the county societies to assist in securing action by the legislature. It was resolved that the Association defray the hotel bills and railroad fare of this committee. Later

President Crawford was added to this committee and made its chairman. The committee was also instructed to endeavor to secure for the Association the appointment of one member of the State Board of Health from each congressional district instead of the present allowance of five from the entire state.

It was resolved that the legislature be requested to enact a law adding to the examination for license to practice, a paper on the practice of medicine.

The House then adjourned, and re-convened at 2:30 P.M.

The following resolutions, introduced by Aikman of Adams, were unanimously adopted:

WHEREAS, the class of examinations required by life insurance companies is of a nature which entails responsibility and which in justice to the medical profession should not be made for less than $5.00, and whereas we charge a similar fee for examinations of a like character;

Therefore Be It Resolved, that we, the members of the State Medical Association, hereby agree to make no examinations for any old-line life insurance company for a minimum fee of less than $5.00, and

Resolved further, that the officers of all county societies request, and if possible obtain, from all reputable physicians who are not members of our association, an agreement to co-operate with the local societies in maintaining the $5.00 fee for such examinations.

Resolved further, that no member of this association enter into any compact or agreement with any corporation, society, association, company or individual to examine applicants for insurance for any stated salary or lump sum, thereby evading the spirit and intent of these resolutions.

Resolved further, that the payment of all fees shall be authorized by the home office of the society or corporation to which such application is made, and under no circumstances shall an examiner receive or accept any part of a fee from an agent or any other person unless the full fee be paid by authority of the home office.

Resolved further, that each member of this associatfon pledge himself or herself that in case a fellow member be removed from the position of examiner for any corporation or society solely because of this action of the association, that he or she will not accept an appointment from such corporation or society as examiner, nor make any examinations for same in Mississippi.

And Be It Further Resolved, that these resolutions go into effect on and after their passage.

The House then adjourned, and re-convened April 11th at 10 A.M.

The treasurer's report was read and referred to an auditing committee consisting of Councilor Curry, Scudder of Issaquena and Coker of Yazoo.

TREASURER'S REPORT.

		Balance last report		$1,885.11
1906.				
April	20.	Dr. L. T. Fox	$326.00	
"	26.	Dr. J. J. Haralson	50.81	
"	28.	Dr. E. F. Howard	12.19	
"	28.	Dr. E. H. Martin	55.44	
"	28.	Joe Brown & Son	3.50	
"	28.	Mississippi Printing Company	15.00	
"	28.	Dr. D. J. Williams	7.10	
"	28.	Dr. W. D. Smith	10.75	
May		Robert L. Peyton	100.00	
"	4.	Dr. Henry O. Marcy	100.00	
"	22.	Jackson Opera House Company	50.00	
1907.				
March	7.	S. C. Toof & Company	932.30	
		Disbursements		1,663.09
		Balance on hand		$ 222.02

J. F. HUNTER,
Treasurer.

We your Committee after examining the accounts of the Secretary and Treasurer find them correct.

R. S. CURRY, Chairman.
W. H. SCUDDER.
C. M. COKER.

The following accounts were allowed:

L. T. Fox, salary and expenses	$381.42
W. W. Crawford, expense of programmes	45.75
E. F. Howard, councilor's traveling expenses	3.75

President Crawford made a statement of the history and work of the Southern Medical Association and asked an official endorsement of the organization by the House, which, on motion of Street of Amite, was given.

The rules were suspended and the freedom of the floor was accorded Dr. J. D. Donald, mayor of Hattiesburg, who invited the Association to hold its 1908 meeting in that city.

The House then adjourned, and re-convened April 12th at 9 A.M.

The secretary read the minutes of the meetings to date. These, after some correction, were approved.

Wright of Panola offered the following amendment to the Constitution:

Resolved that the Constitution, Article VIII, Section 3, be amended so as to read:—"at the evening session of the first day," instead of "on the morning of the last day."

Councilor Curry introduced the following resolution which was unanimously adopted:

Whereas the publication, and especially the proof reading, of the *Transactions* of 1906 involved considerable time and labor, and whereas Dr. Richmond McKinney of Memphis voluntarily rendered valuable assistance to the publication committee;

Therefore Be It Resolved, that the thanks of the Association be tendered Dr. McKinney for his valuable assistance and that a copy of the *Transactions* be tendered him.

The report of the nominating committee was then read by its chairman, Parker of Harrison:

GULFPORT, MISS., April 11th 1907.

To the Mississippi State Medical Association:

GENTLEMEN:—We your committee on nominations, beg to report to you as follows: We have after due consideration nominated the following gentlemen. We hope that our nominations will meet with approval at your hands.

FOR PRESIDENT:—Dr. H. M. Folkes of Biloxi, Dr. J. W. Young of Grenada, Dr. R. S. Curry of Columbus.

FOR VICE PRESIDENT:—Dr. H. R. Shands of Jackson, Dr. T. F. Elkin of Tupelo, Dr. R. D. Sessions of Natchez.

FOR SECRETARY:—Dr. E. F. Howard of Vicksburg.

FOR MEMBERS STATE BOARD OF HEALTH:—Dr. L. D. Dickerson of McComb, Dr. G. S. Bryan of Amory, Dr. E. A. Cheek of Arcola, Dr. Jno. Darrington of Yazoo City, Dr. D. J. Williams of Ellisville.

FOR COUNCILORS:—

First District:—Dr. J. W. Gray of Clarksdale.
Third District:—Dr. W. C. Spencer of Verona.
Fifth District:—Dr. C. M. Coker of Yazoo City.
Sixth District:—Dr. S. W. Johnston of Vicksburg.
Seventh District:—Dr. H. F. Tatum of Meridian.
Tenth District:—Dr. T. E. Ross of Hattiesburg.

FOR DELEGATE TO THE AMERICAN MEDICAL ASSOCIATION:—Dr. W. W. Crawford of Hattiesburg.

Respectfully Submitted,

E. C. PARKER, Chairman.
S. W. JOHNSTON, Sec.
W. C. SPENCER.
C. M. HYDE.
R. L. TURNER.
C. M. COKER.
J. N. HARRISON.
F. H. SANDIFER.
L. C. FEEMSTER.
D. W. JONES.

The House then went into election of officers and a ballot was taken for the office of president. Before count, on

motion of Payne of Washington, it was decided to drop the name of the candidate receiving the least votes after the first ballot.

First Ballot:—Curry 29, Folkes 18, Young 14—necessary to elect 31.

Dr. Young's name being dropped, the second ballot resulted:—Curry 37, Folkes 23. On motion of Hall of Sharkey, Dr. Curry's election was made unanimous, and on call for a speech Dr. Curry responded.

On motion of Hall of Sharkey, the secretary cast the vote of the House for the nominating committee's nominees for the vice-presidency.

On motion of Street of Amite, the same courtesy was shown the nominee for the secretaryship.

The secretary cast the vote of the House for the committee's nominees to the State Board of Health on motion of Ray of Bolivar.

On motion of Hall of Sharkey, the vote of the House was cast for the committee's nominees for the office of councilor.

The vote of the House was cast for Dr. Crawford of Hattiesburg for delegate to the American Medical Association on motion of Councilor Curry.

Ray of Bolivar nominated Dr. H. B. Powell of Ocean Springs as alternate delegate to the American Medical Association and, on motion of Jones of Pike, the secretary cast the vote of the House for Dr. Powell.

On motion of Hall of Sharkey, the House instructed the delegates to the American Medical Association to furnish a written report of their doings at the meeting for publication.

Turner of Lauderdale thanked the House on behalf of the nominating committee for the consideration shown the committee in acting on its nominees, and the thanks of the House were extended the committee for the able manner in which it had performed its difficult task.

Ray of Bolivar introduced the following resolution, and at his request it was referred to the committee on legislation:

Resolved that the legislature be requested to amend the code chapter on physicians—3681, duty to obtain license—so as to read "Every person who desires to practice medicine or make examinations for life insurance companies must first obtain a license to do so." Amended by

Hall of Sharkey by adding:—"and register same in each county in which he does business."

Aikman of Adams invited the Association to hold its 1908 meeting in Natchez, and on motion of Jones of Pike the invitation was accepted.

Wright of Panola offered the following addition to the By-Laws:

Chapter V, Section 5. No member elected to the State Board of Health by the Association may succeed himself.

Jones of Pike gave an outline of the programme of the next meeting of the Tri-County (Pike, Lincoln, Copiah) Society and invited the members of the Association to attend.

On motion of Bullitt of Lafayette the thanks of the House were extended the arrangement committee.

On motion of Councilor Curry the thanks of the House were extended President Crawford for his address and a copy was requested for publication.

On motion of Payne of Washington the rules were suspended and the House immediately adjourned to make its final report to the Association instead of waiting for the afternoon session.

L. T. FOX,
Secretary.

Panola County Medical Society met in Sardis March 5th with an interesting programme of clinical reports. Drs. Jno. Wright, J. F. Williamson and J. P. Stovall, all of Sardis, were admitted to membership. The society put itself on record as favoring a diploma from a reputable medical college as one of the requirements for license, and adopted the resolution of the State Association regarding the five dollar insurance fee. The following officers were elected for 1907:—President, K. P. Perkins, Batesville; Vice-Pres., J. P. Stovall, Sardis; Secy., G. H. Wood, Batesville; Delegate, E. Wright, Sardis; Alternate, G. H. Wood, Batesville. The society meets on the first Tuesday in March, June and November.

MISSISSIPPI MEDICAL MONTHLY.

VOL. XII.] JUNE 1907. [NO. 2

"THE COUNTRY DOCTOR."

PRESIDENT'S ADDRESS BEFORE THE CLARKSDALE AND SIX COUNTIES MEDICAL SOCIETY.

THOMAS MELVILLE DYE M.D.,

SHERARD.

Before speaking a few words upon this subject, I wish to preface what I shall say by an emphatic statement that I shall attempt no *defense* of the country doctor. He needs no defense. His every-day life and work are sufficient justification for his being. Nor shall I blush with any sense of false modesty if I shall try to place upon a higher rung of nobleness that vast array of general practitioners, in whose ranks I am proud to fight as a private. Modesty is a virtue to be emulated, and no people live it more religiously than medical men, but a true realization of our position, and the part we play in the great economy of life, is of more infinite good.

If I can say just one word to-day to make any man here think more highly of himself and of his profession I shall be glad, and the end in view will be attained.

There probably was a time when the country doctor was regarded as amazingly ignorant, and the term was a reproach, but to-day it is not true. The difference between him and his city frater is largely, and becoming yearly more so, not so much a difference of intelligence and scientific knowledge, but a difference between specialization and generalization.

Without being unkind to the specialist, for he is our friend and a very present help in time of trouble, I would like to lay much stress upon the greatness and broadmindedness of the general practioner of medicine. He is the greater doctor of the two and the better equipped. His field of observation is broader, his opportunity greater, and his responsibility more. No one of us can master the science of medicine, not even its smallest division, but the man who

stands upon the hilltop and looks about him in every direction gets a more perfect idea of the landscape than the cave-dweller in the valley below who sees only the circumscribed walls about him.

The general practioner's relation to the family is very sacred and very confiding, and be it to his everlasting glory, he zealously holds inviolate this confidence and trust. I know of no class of men among whom honor and virtue are more sacred, and who are quicker to condemn an indiscreet brother. The physician's whole work is founded upon trusting faith—faith in him personally, faith in his ability, in his honesty and in his gentlemanliness. It is a beautiful and touching picture, that of the abiding faith and child-like confidence in the old family doctor, but even more beautiful and inspiring is that rugged honor and chivalry of the doctor who holds the secrets and confidence of his patient above price.

The duties of the country doctor are so manifold, and his usefulness to the general public so great, that he becomes easily the most essential unit in the community. In addition to his very delicate offices of judge and jury at the bedside, where he must assume sole responsibility, he becomes also chief counsellor for the whole family, giving advice cheerfully and gratiously concerning all matters of hygiene that make for the health and physical well-being of all under his care. In seasons of distress, when pestilence stalks by day and by night, he becomes, by virtue of his superior knowledge and experience, guardian for the entire community. I do not believe that the public appreciates fully the debt it owes for this protection. Many people, and good people too, seem to think that it is the doctor's duty, simply because he is a doctor, to stand between them and danger. The physician's entire time, and his professional knowledge, which is his capital, are given to the people among whom he lives, and for this service he is justly entitled to remuneration. He should be paid a retaining fee similar to that of our lawyer friends. The national government expends millions annually in times of peace in protection of our shores against possible invasion. Isn't the protection guaranteed by the doctor's eternal vigilance of far greater worth?

There isn't a sane man in the state who would compel

his family to live in a remote section where medical aid was impossible. Yet this same man will live, he and his family, for years under the protection vouchsafed by some country physician's watchful care, without the cost to him of a penny, and then when he demands individual advice and instruction, rise up in unholy wrath and denounce the poor doctor as a grafter and extortionist, simply because he asks a two dollar fee. Two dollars for ten years' general overseership and one visit! What a demon that doctor is!

Truly, the laborer is worthy of his hire, and if purely physical effort deserves recompense, how much more entitled to remuneration is the doctor, whose whole mind, body and soul continuously serve his patient and country!

---

*THE DANGERS OF THE THERAPEUTIC USES OF THE X-RAY.

JOHN SMYTH M.D.,

Lecturer Minor Surgery, Medical Department Tulane University,
Visiting Surgeon to Charity Hospital and Hotel Dieu.

NEW ORLEANS, LA.

In view of the almost universal use of the "Roentgen" rays, the apparent simplicity of their application, and the remarkable results of their curative action, many physicians, laymen and quacks have been lead to their indiscriminate use, with but little, if any, appreciation of the fearful force with which they were dealing. A force, the name of which alone signifies its unknownness, one producing vibrations which defy most of the previously established laws of light, and one which could be but approximately measured and but poorly controlled.

It is surprising that a therapeutic agent of the strength, uses, limitation and dangers of which so little was known, should have been accepted without question and adopted without bound, and it was only after this reckless use of the X-Ray had resulted in numerous disasters to patient or operator, or both, that the toxicology, so to speak, of this remedy was given more than a passing thought. Even now, after much has been written upon the subject, there are some

*Read before the Mississippi State Medical Association.

who question the truth of the pathologic findings, which should not, in the face of experimental evidence and clinical observations, be further doubted. There are also many who have not given the matter serious consideration; to this latter class, I hope through this paper to appeal.

The dangers of the therapeutic uses of the X-Rays may be classified according to their effect.

I. Upon the skin and its appendages.
II. Upon the glandular organs.
III. Upon the blood vessels.
IV. Upon the blood.
V. Upon the nervous system.
VI. Upon the eye.
VII. Upon the tissues, producing toxemia.

I. Effects on the Skin and its Appendages.

Alopecia, partial or complete, temporary or permanent, according to the number, length and intensity of exposures, the part exposed, and the complexion and age of the patient. Most likely to be permanent after repeated, lengthy exposures, resulting in prolonged dermatitis, in blonds, upon the hands and face, and in aged patients.

The nails become brittle, longitudinally furrowed and of slow growth, after repeated exposure to the X-Ray over a long period of time.

Superpigmentation of the skin, resulting from repeated exposures insufficiently intense to produce dermatitis, occurs most frequently in the brunette type of patient, and may be transient or last some months.

Dermatitis, the intensity of which varies in proportion to the number and length of exposures, degree of softness of the tube, the blondness of patient, and inversely to the square of the distance of the platinum disc from the part.

Roentgen ulcers occur from intense action of the ray; they may appear as late as five (5) months after treatment, case reported by Oudin and Barthelemy, and may require years to heal.

Atrophic changes: "Radio-Epithelitis," so-called by Dalous[1], in which the microscope shows the basilar layer and some cells of the mucous layer affected, but not the horny layer; this explains why the columnar epitheliomata and rodent ulcers are favorably affected by the X-Ray, and that

the squamous cases are not so easily cured. Thinning and wrinkling of the skin, with atropic lines and spots, occur,[2] but this may not in all cases be permanent.

Skin cancers of a pernicious type[3] result from the repeated exposures to the "Roentgen" rays, and more than one operator has lost his life from such effects, while intractable ulcers have occurred on the hands of others.

These are not likely of parasitic origin only, but are at least partially, if not wholly, due to the tissue damage resulting from the continued exposure to the X-Ray. These epitheliomata and ulcers have not occurred, so far as we know, in workers of the brunette type, and experiments upon the dark races would be of interest. The greater susceptibility to X-Ray burns manifested by blonds, as mentioned by Carl Beck and others, should therefore be remembered, and the effects upon the intestines similar to those on the skin, as quoted by Belot, must not be forgotten when using long exposures over the abdomen.

II. Effects on the Glandular Organs.

The Generative Organs. Halbrosteadter[4] found that the exposed ovary in rabbits was less than half the size of the normal one on the unexposed side; that the ovary is much more sensitive to the X-Ray than the skin and that the testicle is less sensitive than the ovary.

Lengfellner's experiments[5] on guinea pigs show that short exposures injure the embryo in the uterus, and that prolonged exposures kill it. The ovaries showed degenerative changes in all his guinea pigs, in the non-gravid as well as the gravid. Neumann[6], Liepsic, made similar observations on rabbits.

A case of complete amenorrhea was noted by Lengfellner in a young woman, previously regular, after several examinations by the X-Ray. Menstruation returned later, but was scanty and irregular.

Van Allen[7] notes absence of spermatozoa in four cases out of seven rayed in the genital regions and Brown and Osgood[8] report eighteen cases of azoospermia. All of these cases were otherwise normal. This resulted from repeated long exposures. In some cases the spermatozoid reappeared after some months, but continued long exposure would in

all probability result in sterility. Carpenter[9] reported one X-Ray operator who had no active spermatozoid as long as he was using this light regularly. Active spermatozoid however reappeared after he discontinued its use.

Extreme atrophy of the testicle, after comparative slight exposure, has been reported without traces of inflammation. The microscope showed in the experiments of Albers, Schoenberg and Frieben, an absence of the cells, lining the seminiferous tubercles, spermatoblasts were nowhere to be found, nor any appearance of spermato-genesis.

Belot thinks, however, that it is not irrational to suppose that careful and moderate irridiation might have a stimulating action on the secretion of semen, that the bioactivity of certain cells is stimulated by slight exposure, whereas the same cells are destroyed by longer exposure. It is interesting in this connection to note a case occurring in the writer's experience, in 1902, of a male, white, age 45, feared cancer of rectum (so reported by a competent bacteriologist) submitted to 17 exposures, average 8 min. and 6 inches, marked dermatitis. Diseased portion of rectum removed surgically afterwards. Patient made good recovery. Two years later his wife gave birth to a full term healthy child. The protection used at that time was the ordinary lead foil on adhesive plaster and was, I think, inefficient.

The sterilization of certain criminals by this means has been suggested, in order to limit the class, since it can be done without apparent loss of any other function. The negro subject would probably present marked resistance on account of the thick skin and greater pigmentation.

The Kidney. Buschke reports "severe destructive processes" in the kidney after "vigorous exposures," and it was found in Romberg's clinic that an acute nephritis was set up in all the rats, rabbits and dogs used in his experiments, and that such was not due to the direct action of the X-Ray upon the kidney.

III. Effects Upon the Blood Vessels.

Van Allen has noted premature arterial sclerosis, and Jicinsky[10] found that the walls of the blood vessels, especially the intima, were thickened and the lumen contracted. Telangiectasis occurred in one of my cases after repeated moderate exposures for a period of about one year.

Rollins[11] explains this injury by the actions of the ions produced by the X-Ray, and says that the general opinion is that blood vessels more than any other tissues of the body are injured by the "Roentgen" Rays. This has been corroborated by researches in the clinic of Neiser and others.

IV. Effects on the Blood.

Friend, Milwaukee, noted as early as 1902, a great increase in erythrocytes and a marked diminution of leukocytes, while treating mammary cancer and intra-abdominal sarcoma.

Linser and Holber[12] have shown that the white blood corpuscles are destroyed by the "Roentgen" Rays, effect most marked in circulating blood and especially active against the lymphocytes. Romberg observed that the white cells were destroyed in the blood-forming organs, as well as in the circulation. These authorities, as well as Milcher, Wolff[13] and others, have shown that this destruction of the white corpuscles produces a leukotoxin in the serum. The injection of such a serum into other animals produces a marked "disintegration of leukocytes."

The red corpuscles, blood platelets and hemoglobin are little affected by the rays, and notwithstanding the destruction of leukocytes, the coagulability of the blood shows no change.

"Heineke" showed that the rays exert a selective action on lymphoid tissue in general, the lymphocytes in the lymph glands, follicles of the intestines, spleen, etc., being destroyed, the nuclei are broken up into fragments and spheric masses, which are taken up by phagocytes."

Morris[14] in a recent paper upon the subject, after numerous experiments, gives the following conclusions as to the immediate action of the "Roentgen" Rays upon the blood of rabbits and rats,

(1) The Roentgen Rays cause a marked diminution in the absolute number of leukocytes in the peripheral circulation.

(2) Preceding the leukopenia, there may be a moderate rise in the number of leukocytes, 8 to 12 hours, after the exposure, the increase being due largely to the greater number of polynuclear cells in the circulation (observed only in the

rabbit), the same condition may be found just at the end of exposure, subsiding rapidly.

(3) The lymphocytes are especially susceptible to the action of the X-Ray, they are affected first and most intensely.

(4) Alterations in the histologic character of the lymphocytes and polynuclear amphophiles may be found in the rabbit.

(5) Hard tubes produce the most marked changes in leukocytes.

(6) No noteworthy numeric or histologic alteration takes place in the red blood cells within the first hours following exposure, the percentage of hemoglobin is not essentially affected within the same time.

Heineke found that in a series of experiments on one hundred and fifty guinea pigs, after exposure of several hours, the white cells of bone marrow are almost invariably destroyed, but that the injured bone marrow is capable of regeneration.

V. Effects on the Nervous System.

Jicinsky, in his experiments on guinea pigs, found degeneration in the entire gray matter in the posterior tracts and in the posterior horns of the gray matter. The spinal canal was dilated by hemorrhages. Microscopic examination showed a special inflammatory process with a development of fibrous tissue. That the longer the low vacuum tube, backed by a strong current, was in action the lower the resistance of the animal sank.

Paraplegia[15], paralysis, abortion, etc., in the human being have been claimed for the X-Ray, and the destruction of the peripheral nerve endings is admitted.

Neurasthenia has been noted, identical with the neurasthenia of Europeans who are subjected to daily exposures of a tropic sun; though the X-Ray and sunlight are analagous, they are not identical.

Van Allen has reported indigestion, lack of concentration, drowsiness, insomnia, irritability and unnatural sensation of cold, resulting from the prolonged action of the rays.

VI.—Effects on the Eye.

The effects on the eye are similar to those produced by the ultra-violet rays, and are due to the inflammatory reac-

tion, and in one case reported the reaction was so severe as to produce complete blindness.

Scholtz exposed the wide-open eye to rays, producing sloughing of the eyelid without any effect upon the interior of the eye, or upon the vision. Belot calls attention to the fact that all of the eye injuries reported were confined to the operator and occupation, to those practising radioscopy and due to the cumulative action of the ray.

VII. Effects on the Tissues producing Toxemia.

Edsall of Philadelphia reports a case of pernicious anemia, in which a slight exposure to the X-Rays was followed by a violent reaction, and the patient died within two weeks. A case of polyarthritis was given a slight exposure, the patient was ill that night and worse the next day, but finally recovered to his previous condition. "The indications are that the X-Rays cause a break-down of tissues already toxic." "That it acts as a ferment accelerator." Kienbock believed that the toxins are produced in the tissues by the action of the rays, and that their absorption results in the general intoxication. This, together with the leukotoxin before mentioned, combines to produce the reactions reported by Edsall and others, and probably contributes to the acute nephritis which is no doubt toxic in origin. An increased tendency to metastases in the treatment of malignant conditions with the X-Rays has been claimed.

Conclusions.

1. Individual susceptibility to the action of the X-Ray is a matter of no little importance.

2. The patient must be protected against the remote as well as the immediate effects of the intense rays, while the operator must guard himself against those conditions which come on late, are insiduous and result from the cumulative action of the ray.

3. Patients should, when necessary, be warned of the untoward effects.

4. In raying the abdomen, the possible effects upon the intestines should not be overlooked.

5. Prolonged exposures over large areas must be used cautiously, in view of the resulting toxemia.

6. Inflammatory conditions of the kidney, especially if associated with deficient elimination, would seem a contra-indication in cases where the X-Ray might produce general toxemia.

8. While the reaction in the human adult ovary is not so likely as in the smaller animals, owing to their deeper location and greater protection, disastrous effects may result. The testicle should always be protected.

8. Considering the elective action of the X-Rays upon embryonic and young tissues, their use upon infants must be exceedingly guarded.

9. Notwithstanding the improved methods of measuring the rays and the seemingly effective means of protection against their harmful effects, we are yet to learn much regarding this agent, and the greatest care should be exercised in its use. I believe that the consensus of opinion now is that this means of treatment should be left to the expert specialist.

BIBLIOGRAPHY.

1. Dalous & Lasserre, Annals Dermatologie, Paris.
2. Stelwagon, Trans. Am. Dermatological Association, New York, December, 1905.
3. Hyde, Am. Jl. of the Med. Sciences, January, 1906.
4. Halbrosteader, Abstract, The Journal A. M. A., Vol. XLIV, p. 834.
5. Lengfellner, Munchener Medezinesche Wochenschrift.
6. Fellner & Neuman, Centralblatt f. Gynakologie, Liepsic.
7. Van Allen, Boston Med. & Surg. Jl. March 11, 1905.
8. Brown & Osgood, Am. Jl. Surg., April, 1905.
9. Carpenter, California Academy of Medicine, September, 1905.
10. Jicinsky, New York Medical Journal, Vol. LXXVI.
11. Rollins, Boston Medical & Surgical Journal, Vol. CLIII.
12. Linser & Holber, Deutsche Archiv fur Klinische Medicine, Bd. LXXXIII, p. 479.
13. Milchner, Berliner Klinische Wochenscrift, Jl. A. M. A., Vol. XLVII. p. 74.
14. Morris, American Medicine, Vol. X,, p. 946.
15. Belot, Physician to Broca Hospital, Paris, Radiotherapy in Skin Diseases.

MISSISSIPPI STATE MEDICAL ASSOCIATION.

PRESIDENT:—R. S. Curry, Columbus.

VICE-PRESIDENTS:—H. R. Shands, Jackson; T. F. Elkin, Tupelo; R. D. Sessions, Natchez.

SECRETARY:—E. F. Howard, Vicksburg.

TREASURER:—J. F. Hunter, Jackson.

COUNCILORS:—1st District J. W. Gray Jr., Clarksdale.
2nd District J. B. Bullitt, University.
3rd District W. C. Spencer, Verona.
4th District R. S. Curry, Columbus.
5th District C. M. Coker, Yazoo City.
6th District S. W. Johnston, Vicksburg.
7th District H. F. Tatum, Meridian.
8th District D. J. Williams, Ellisville.
9th District Wm. Neville, McComb.
10th District T. E. Ross, Hattiesburg.

COMMITTEE ON PUBLICATION:—E. F. Howard, Vicksburg; H. H. Haralson, Vicksburg; J. F. Hunter, Jackson.

COMMITTEE ON SCIENTIFIC WORK:—E. F. Howard, Vicksburg; S. W. Johnston, Vicksburg; J. W. Lipscomb, Columbus.

SPECIAL COMMITTEE ON LEGISLATION IN REGARD TO APPLICATION FOR LICENSE:—W. W. Crawford, Hattiesburg; J. W. Gray Jr., Clarksdale; E. Wright, Sardis; J. W. Lipscomb, Columbus; H. R. Shands, Jackson; J. W. D. Dicks, Natchez.

DELEGATE TO COUNCIL ON MEDICAL EDUCATION:—W. M. Paine, Aberdeen.

DELEGATES TO A.M.A.:—Jno. Darrington, Yazoo City; alternate W. H. Harrison, Tutwiler.
W. W. Crawford, Hattiesburg; alternate H. M. Folkes, Biloxi.*

COMMITTEE ON MEDICAL EDUCATION:—C. D. Mitchell, Pontotoc; J. A. Dilworth, Aberdeen; N. L. Clarke, Meridian.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION:—J. D. Donald, Hattiesburg; W. C. Spencer, Verona; W. C. Brewer, Columbus; R. S. Curry, Columbus; E. F. Howard, Vicksburg.

CHAIRMEN OF SECTIONS.

ELECTRO-THERAPEUTICS:—C. D. Mitchell, Pontotoc.
NERVOUS DISEASES:—J. R. Tackett, Meridian.
EYE, EAR, NOSE AND THROAT:—M. H. Bell, Vicksburg.
OBSTETRICS:—J. W. Eckford, Starkville.
GYNAECOLOGY:—C. E. Catchings, Woodville.
MATERIA MEDICA:—W. H. Frizell Jr., Brookhaven.
VENEREAL DISEASES:—W. F. Scales, Macon.
BACTERIOLOGY:—L. C. Feemster, Nettleton.
HYGIENE:—G. Baskerville, Winona.
MEDICINE:—D. W. Coker, Tunica.
TUBERCULOSIS:—P. W. Rowland, Oxford.
SURGERY:—J. E. Davis, Columbus.
DERMATOLOGY:—W. S. Cranford, Laurel.
PEDIATRICS:—A. G. Payne, Greenville.

* Appointed in place of H. B. Powell, Ocean Springs, who is ineligible.

NOTICES.

The secretary desires to announce that he is in no way responsible for the paragraph entitled "Papers Read" in the account of the Gulfport meeting that appeared in the *Journal A.M.A.* May 4th. He furnished the *Journal* with advance proof-sheets of the minutes, as they appeared in the May issue of the *Monthly*; but, for obvious reasons, made no comments on the scientific side of the meeting, as it would appear from the account in the *Journal* he had done. The following letter on the subject is self-explanatory.

Office of the Secretary of
The Mississippi State Medical Association.

Vicksburg, Miss., May 6th 1907.

Editor *Journal A.M.A.*,
Chicago.

Dear Sir:—In the May 4th issue of the *Journal*, under society proceedings, there appears a notice of the recent meeting of the Mississippi State Medical Association, based for the most part on the advance proof-sheets of the minutes that I sent you. Into it you have injected a paragraph entitled "Papers Read," giving the titles and the names of the authors of a few of the papers read before the meeting.

For obvious reasons the secretary of the association would make no such discrimination and I must ask you to publish the statement that I am not your authority for this paragraph, since the manner in which it is sandwiched in among other material that you could hardly have obtained except from me, the whole being concluded by a clipping from an editorial written by me, makes it look very much as if I had undertaken to judge the merits of the papers read before the meeting.

Very truly yours,
E. F. Howard.

The secretary requests that any changes of location by members of the association that have taken place in the past sixty days, and any that may occur in future, be reported to him direct as soon as possible.

MISSISSIPPI MEDICAL MONTHLY.

E. F. HOWARD B.S., M.D., EDITOR AND PUBLISHER.

ASSOCIATE EDITORS

B. B. MARTIN M.D., Vicksburg. H. L. SUTHERLAND M.D., Rosedale.
H. M. FOLKES M.D., Biloxi. M. H. BELL M.D., Vicksburg.

OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

FERNWOOD, MISS., May 14th 1907.

Editor *Mississippi Medical Monthly*:—

I am a member of the Mississippi State Medical Association. I have been removed from the position of examiner for the New York Mutual Life Insurance Company, *solely* because I declined to make an examination for less than $5.00, giving as my reason therefor my allegiance to my association and quoting the resolution of the association on that point. According to the last clause of that resolution, what is the duty of the other members of the Mississippi State Medical Association?

Presumably, none of the three great New York Companies will accede to our demands (and pay the $5.00 for any application less than $3,000), therefore it will be only a question of when each member meets the next application as to when he will be discharged by each of them; but should each of us *wait* for this contingency? If our influence is to be felt *as a body*, ought we not to act *as a unit* on such a proposition?

I send you herewith the correspondence with the Mutual. According to the resolution of the State Association, can *any member* thereof make *any examination* (of whatever grade) for the Mutual in Mississippi after reading it? If not, ought not *every member* of the association at once write to the Mutual and make this statement, quoting the resolution and the instance? And ought not the same procedure to be followed in the case of every other company as soon as a similar case is reported?

I ask for information from the profession.

D. W. JONES M.D.

FERNWOOD, PIKE COUNTY, MISS., April 30th 1907.

Local Agent, N. Y. National:

MY DEAR SIR:—I find on my desk application of.....
.....for a policy in your Company, with request from you for examination.

As your Company is one of those now paying less than $5.00 for medical examination (for amount of this policy) I beg leave to submit the following statement.

At the last meeting of the Mississippi State Medical Association, a resolution was passed pledging the members thereof to make no examinations for Old Line Companies for less than $5.00, and that said fee must be paid in full by the company, not supplemented by the agent.

I will make this examination with the understanding that the fee is $5.00, payable by the company. If this is not satisfactory, I shall be compelled, as a loyal member to my State Association, to decline to make it.

Very truly yours,

D. W. Jones M.D.

The Mutual Life Insurance Company of New York.
Medical Department.
Brandreth Symonds M.D., Medical Director.

New York, May 6, 1907.

Dr. D. W. Jones, Fernwood, Pike Co., Miss.:

Dear Doctor:—Your favor of 30th ultimo is received. We regret the stand you take on this matter and have this day removed your name from our list of Examiners. Should you at any time reconsider your action, we shall be glad to consider a request for reinstatement from you. Bear in mind, however, that any work you may do for the Company will be paid for only in accordance with its regular rates.

Very truly yours,

Brandreth Symonds M.D.,
Medical Director.

We stated in an editorial in the April issue, anent the insurance status in Adams county, that the action of the New York Life spelled war if organized medicine stood for anything. Now is our chance and by the way we meet it we stand or fall. The fifth clause in the resolutions passed by the House of Delegates at the Gulfport meeting is as follows:

Resolved further, that each member of this association pledge himself or herself that in case a fellow member be removed from the position of examiner for any corporation or society solely because of this action of the association, that he or she will not accept an appointment from such corporation or society as examiner, nor make any examination for same in Mississippi.

No comment is necessary on this resolution. It speaks for itself. It is useless to urge that the action of the dele-

gates cannot be binding on the individual members. Each delegate goes up to the meeting on the vote of his fellow members in the county society. Moreover the general session, and the general session in this case was fully aware of the action taken by the delegates, can demand a referendum whenever it does not approve of an action of the House. No such referendum was asked, and the members generally expressed their approval of the resolutions. Whatever may be an individual's opinion of such action, his own duty in this juncture is clear. Every Mutual examiner in Mississippi ought to decline to make any further examinations until Dr. Jones is reinstated. There is absolutely no middle ground. If they fail to do so the effect of the Gulfport resolutions is immediately lost and the Association put on record as an example of what has been often claimed, that doctors cannot stand together. The secretary of every county society should at once communicate with every Mutual examiner in his county asking him to back the Association in the matter and to notify the Mutual that he proposes to do so.

SOCIETY PROCEEDINGS.

LOUISIANA STATE MEDICAL SOCIETY.

Louisiana State Medical Society held its twenty-eighth annual session in New Orleans May 14th, 15th and 16th under the presidency of Dr. H. D. Bruns. Its especial features were the papers on Therapeutic Methods by Dr. W. S. Thayer of Baltimore and on Serums In Tuberculosis by Dr. W. E. Evans of Chicago, and the annual oration by Father Emanuel De Lamoriniere, S.J. Dr. Bruns' presidential address, on forgotten medical heroes, was an especially fine effort. The first and second days the society was entertained at lunch by the New Orleans Polyclinic and the faculty of Tulane. The afternoon of the third day Mrs. Bruns entertained at five o'clock tea, and in the evening the banquet, which is an annual feature, was held at the Athenaeum. These social features are especially characteristic of

the Louisiana meetings and add much to the pleasure of the occasion. The scientific work done by the society during the three days' session was of high order and most interesting. The president, secretary and several members of the Mississippi Association were in attendance and were the recipients of much hospitality.

MISSISSIPPI ANTI-TUBERCULOSIS LEAGUE.

Meridian, May 8th—10th 1907.

May 8th—After call to order by President S. B. Flynt, prayer was offered by Rev. Dr. Sullivan of Meridian. The president then addressed the league, describing its object, history, etc. There were addresses on behalf of the Board of Trade of Meridian by Hon. H. R. Stone and of the City of Meridian by Hon. R. E. Wilbourne and an address of welcome by Rev. J. B. Clifford.

At the afternoon session there was an address by Gen. W. D. Cameron, and one by Gov. Vardaman was read by the clerk, the governor being unable to attend. Further addresses were made by Drs. Hairston, Price, Hall and Robertson. A constitution and by-laws were adopted. Committees on Publication, Mortuary, Legislation and Finance were created.

At the evening session there was a general informal discussion of the business of the league.

May 9th—Morning Session.—After an invocation by Rev. T. J. Shipman D.D., and an address by Rev. J. E. Carpenter D.D., Dr. A. B. Yoder of Meridian read a paper on "The Infectious Nature Of Tuberculosis" and Dr. S. H. Hairston one on "Tuberculosis."

At the afternoon session the following officers were elected:—President, R. W. Shipp, Gulfport; Secretary, R. W. Hall, Clinton; Treasurer, D. T. Price, Booneville.

The following committees were elected:

Legislation—H. M. Folkes, Biloxi; P. W. Rowland, Oxford; J. F. Hunter, Jackson.

Mortuary—B. F. Ward, Winona; L. D. Dickerson, McComb; J. I. McCormick, Yazoo City.

Publication—E. L. White, Florence; H. L. Sutherland, Rosedale; H. L. Minor, Macon.

The next meeting will be held in Gulfport, January 14th 1908.

COUNTY SOCIETIES.

Bolivar County Medical Society held its regular quarterly meeting in Rosedale April 10th. The incoming president, Dr. F. M. Dooley of Duncan, delivered quite an ornate address upon the duties and responsibilities of the doctor. A symposium on "The Duty Of The County To Its Paupers" had been arranged, but the Rev. H. M. T. Pierce and the Hon. E. H. Moore, both of whom had been assigned parts in the symposium, were unavoidably not present, and Dr. Sutherland's was the only paper read. After this paper were reports of cases in practice, with discussions. The doctors are making an effort to enlist the people of the county in their meetings, by the discussion of matters of public interest. The next meeting will be on the 2d Wednesday in July, the place not yet determined but on the east side of the county, and the topic of discussion will perhaps be "Drainage, And Its Effect On The Public Health." The doctors of Rosedale had the society as their guests at a very sumptuous luncheon at the Elk Hotel.

Clarksdale and Six Counties Medical Society met in Clarksdale April 4th, there being fifty members in attendance. The work accomplished in this district in the past six months has been very gratifying, eighty-three out of one hundred and five physicians within the jurisdiction of the society having signed the five-dollar insurance fee agreement. The following are the newly elected officers: J. W. Henderson, President; J. S. Brooks, A. E. Turrentine, H. L. Walker, J. D. Biles and J. E. Coleman, Vice-Presidents; J. W. Gray, Jr., Secretary; L. D. Harrison, Treasurer.

DeSoto County Medical Association met in Hernando on Monday, May 13. Present: Dr. W. S. Weissinger, President; A. J. Jagoe, Sec. and Treas.; Drs. Jones, A. J.

Weissinger, Watson and Wilkins; also visitors: Dr. J. Harvey McNeill of Olive Branch, and Drs. E. M. Holder, F. D. Smythe, Frank A. Jones, William Krauss and P. M. Farrington, all of Memphis, Tenn. Dr. Jagoe read a paper on Chronic Parenchymatous Nephritis and Dr. A. J. Weissinger read one on Chronic Interstitial Nephritis. Owing to the absence of Dr. Richmond, who was to have a paper on Acute Nephritis, the papers were not discussed. Dr. T. M. Jones was appointed to have a paper on Acute Bright's Disease, to be read at the next meeting, July 8th, when the entire subject will be read over and discussed. Dr. Holder read a paper on Intestinal Obstruction From a Surgical Standpoint; Dr. Krauss one on The Differential Diagnosis of Malaria From Yellow Fever, Typhoid, Sepsis, Dysentery and Liver Abscess, which he demonstrated with his microscope and slides. Dr. Farrington read a paper on Nasal Respiration and Dr. Smythe one on Fibroid Tumors Of The Uterus. The papers of the Memphis brethren were fully and appreciatively discussed, as they well deserved to be. Next meeting Monday, July 8, 1907.

Harrison County Medical Society held its regular meeting on May 14th at Cowan's Drug Store in Gulfport. In absence of president and vice-president, Dr. H. X. Richardson occupied the chair. There being no clinical or unfinished business, a paper on "Bowel Troubles In Infancy" was read by Dr. H. P. Hopper of Saucier. The doctor made special mention of the importance of instructing the mother at confinement just how to regulate the diet, also explaining the nature of hives, teething, the harm in giving the baby teas, etc. Discussion by Dr. Folkes, who condemned the use of opiates and favored condensed milk in preference to cow's milk in artificial feeding. He also mentioned circumcision as curing many cases of bowel troubles, the long prepuce and segma being a fertile cause of irritation, hence circumcision is one of his first steps. The discussion turned upon foreign bodies as a source of irritation. Dr. Hutchens recalled a case where a child recovered at once after passing an ordinary hairpin and two pine splinters several inches long. Drs. Fahnestock, Sheely and Hopper mentioned cases where foreign bodies gave rise to symptoms. Dr.

Sheely stated that in cases where irrigation was difficult it was advisable to hold the child by the heels and fill the colon by gravity. Dr. Folkes mentioned that albumenuria was a frequent complication of bowel troubles and that the best means of obtaining the urine of the infant was to surround the parts with a wad of absorbent cotton, which could be squeezed to obtain the urine. There was further discussion by other members. On motion the time of meeting was changed from 12 o'clock to 1 o'clock, in order to accomodate the Gulfport members. On motion by Dr. Folkes the secretary was instructed to write the *New Orleans Medical and Surgical Journal*, the *Mississippi Medical Monthly* and the *Journal of the American Medical Association* and to protest against the action of Dr. F. J. Rhomer who is employed by several of the old line insurance companies as a traveling representative. It seems that Dr. Rhomer in trying to induce our members to break their agreement concerning the $5.00 examination fee, states that certain members of our society have broken their pledge and are now examining for a less fee. We assert that Dr. Rhomer's statements are "deliberate and unqualified falsehoods" worthy of stronger terms. We trust that his statements concerning the Adams county physicians are also untrue.

Perry-Green County Medical Society met in regular session in its apartments in the First National Bank building in Hattiesburg April 15th at 8 P.M., with Dr. T. E. Ross in the chair. A committee of three, consisting of J. D. Donald, W. R. Thames and P. A. Carter, was appointed to revise the fee-bill. The society passed resolutions heartily endorsing the action of the State Association on the fee for old-line life insurance examinations. W. H. Doty of Black Haw was received as a member, awaiting the arrival of his transfer. The applications of J. M. Clarke of Sumrall and W. B. Shamburger of Petal were received. W. H. Doty was selected to read a paper, subject left to his selection, at the next meeting. The Perry-Green Society is anxious to enlist as members all physicians in these counties, and in adjoining counties where convenience and agreement are in favor, who are not members of a society, and will appreciate a communication from any physician so situated.

The society met in regular session in its apartments in First National Bank Building May 20th at eight o'clock P.M., with a large attendance and a well-arranged program In the absence of the President, I. H. C. Cook, on account of the illness of his mother, Vice-President, W. R. Thames occupied the chair. The present Fee Bill was taken up and thoroughly revised, and in many instances increased. Application of Dr. L. B. Hudson was received and referred to Board of Censors for investigation. Dr. W. B. Shamburger of Petal, Miss., and Dr. J. M. Clark of Sumrall, Miss., were elected to membership after report of Board of Censors.

Tri-County Medical Society (Pike, Lincoln, Copiah). At a meeting of the Executive Committee of the Tri-County Society, the returns were canvassed and only a few physicians were found to have failed to sign the Gulfport resolutions on insurance fees. Only two doctors in Lincoln had failed, and one of them is reported "probably dead." Copiah and Pike will be thoroughly canvassed by the committee and it is thought every doctor in the society will "stand by the profession."—[Report from President Jones.]

BOOK REVIEWS.

INTERNATIONAL CLINICS. A Quarterly Of Illustrated Clinical Lectures And Especially Prepared Original Articles On Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopaedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, And Other Topics Of Interest To Students And Practitioners By Leading Members Of The Medical Profession Throughout The World. Volume I, Series 17. J. B. Lippincott Co., Philadelphia and London. Price $2.00.

Barker, Walsh, Morton, Norris, Dennis, Senn, Tuffier and DeSchweinitz form a combination as attractive as it is strong, and hence it follows that the volume under consideration, to which they all contribute, will be in unusually great demand. Besides the exceptional collection of original articles, there is a resume of the year's work in treatment by A. A. Stevens, in medicine by Edsall, in surgery by Bloodgood, in which general literature is drawn upon freely to make a valuable year-book.

MISSISSIPPI MEDICAL MONTHLY.

VOL. XII.] JULY 1907. [NO. 3

MENTAL ABERRATION DUE TO PRESSURE: —REPORT OF A CASE.

B. B. MARTIN M.D.,
Surgeon in Chief Mississippi State Charity Hospital, Attending Surgeon Vicksburg Infirmary.
VICKSBURG.

On the afternoon of Sept. 16th, at about half past six, a man came to a drug-store in the southern part of Vicksburg seeking a physician. He was evidently in pain, was very weak and his head was tightly bound about the brows with an ordinary surgical bandage. From his manner and speech, the druggist was of the impression that he had been imbibing too freely, but his condition was such that a doctor was summoned.

The patient's mind was not sufficiently clear to enable him to give any very connected history, but pieced together it was as follows: he was a member of the police force of the city and had been on duty the preceding night. Going home in the morning, he had changed from his uniform to civilian dress and after breakfast had started to go across the river to meet his wife, who was coming home by rail. He had nearly all his month's salary in his pocket when he left the house. As he passed a saloon near the river he noticed two men come out. They followed him. As he went down the bank of the river, these men came up with him and one of them struck him on the back of the head with a sand-bag. He awoke in the evening in a negro cabin near the river.

He could not remember his own name, but said that Chief Price of the police force or "any of the boys" could tell who he was. The physician rang up Chief Price, who said that none of the night force was missing, and a patrolman, who happened to be in the neighborhood, on being called in consultation, failed to recognize him, nor did the patient appear to know his brother officer.

The physical examination was equally unsatisfactory.

There were no bruises or other external evidences of injury. Temperature was normal, respiration labored and slightly accelerated, pulse rapid and thready. The pupils were normal.

An ambulance was summoned and the patient sent to the hospital.

He was kept under observation a day, during which time further efforts were made to establish his identity. In response to his repeated demands, he was visited by Chief Price of the police force, and every possible effort was made to discover his movements prior to the time of his entering the drug store, but all proved fruitless. When questioned, he became very much excited and tremulous and it was noticed that the tremor was a little more marked in the right arm than in the other. It was therefore decided to explore the region of the left middle meningeal.

The skull was opened over this region and our supposition was proved to be correct, there being a rupture of the artery and considerable clot accumulation. The vessel was secured and the wound carefully cleansed.

Immediately after the operation, and lasting about fourteen hours, the patient was extremely nauseated and wildly delirious, after which time there intervened brief rational intervals, which rapidly increased in duration and frequency, until at the end of thirty-six hours more the patient became entirely rational.

Then we learned all that was necessary to complete the history. What he said of himself prior to the operation, he now repeated, giving also his name and address. A telegram to Paducah, Ky., procured a confirmation of his statements and in the shortest possible time the wife he had gone to meet more than a week before was at his bedside. A letter from Chief Price of Paducah to Chief Price of Vicksburg cleared up the matter entirely, except as to the identity of his assailant and the manner in which he had come to Vicksburg, which will probably remain forever unknown.

The case is reported on account of the peculiar coincidences connected with it, and also because it is one of the curiosities that we meet in brain work and an illustration of what beneficial results can sometimes be obtained from very simple procedures.

*BILIOUSNESS: ITS SEQUELAE AND TREATMENT.

F. M. BROUGHER M.D.,

BELEN.

Dorland defines the term biliousness as a "Malaise with headache, indigestion and constipation, attributed to an excessive secretion of bile." Why not express this better by saying an excessive accumulation of bile for the want of normal means of exit? Or we can think of the term as meaning diseased conditions of the digestive organs and blood due to any disturbance of the liver function in its manufacture and discharge of bile or its work of metabolism.

These conclusions can be very clearly verified after reading the various works on the subject of liver physiology and pathology.

What are the causes of these disturbances? Over-eating and drinking, too much meat or too much bread, water too cold in the form of modern temperance drinks taken to excess, an overdose of beer or whiskey, or the continued use of same, ice-water drunk at meals too rapidly or in over quantity.

Judging by the usage of our medical profession in commencing the treatment of almost all diseases in the catalogue with a purge, we are bound to believe that the liver is peculiarly susceptible to the onset of any attacking disease, from ague to small-pox or tuberculosis. Hence we may still think of the term biliousness; high living, long hours spent either in dissipation or in overwork, with prolonged loss of sleep, may give all the symptoms enumerated in the beginning of this paper; mental anxiety affects both kidney and liver functions.

As to the sequelae following this condition of obtunded liver function, we can add the various conditions of icterus due to catarrhal obstruction, or the closure of the bile ducts and the re-absorption of bile matter into the blood volume, swollen liver, enlarged spleen, disturbed kidney affections, hepatitis, calculi, etc., *ad infinitum*, all follow neglect of this most important and powerful organ. The liver would seem to be the arbiter of digestion, the centerpiece upon which vests the welfare of the vegetative system of the human or-

*Read before the Clarksdale and Six Counties Medical Society.

ganism. The new-born infant comes to us with an exaggerated liver, disproportioned in size to the rest of the body.

Then why not take care of our livers? Why not begin each day or end each day with due thought, asking ourselves "is my liver right?" and, if not, then use the small stitch in time that saves nine. Why abuse the liver by over-eating and over-drinking or over-working either mentally or physically, then go thoughtlessly to bed expecting to rise in health on the morrow? Why not examine our physical selves beforehand and apply the preventive rather than procrastinate?

Neglect surely produces a rebellious digestive system. The laity come to us, or most often send for us, and say they have indigestion. I tell my patients that indigestion as a term means very little or nothing. I tell them usually that their livers are torpid and need rest from overfeeding and overdrinking or, as the case may be, I tell them that they need to sweep out the debris of fecal accumulations in the bowels and their healthy digestive organs will have the opportunity to re-assert themselves. Often we must rid the patient of a condition of auto-intoxication, for impaction of the bowels for any length of time permits re-absorption of their contents.

Now as to therapeutics. Every age has sprung new methods; and I think every method has its virtues. I am sure that the osteopathic method of squeezing the liver has its common-sense side. In certain muscular exercises, one may avoid constipation by applying mechanical muscular massage to the liver, insuring restoration of normal functions. The systematic drinking of water is indispensable in every case. A draught on retiring and, especially, on rising maintains a healthy process of elimination. For an acute attack of so-called indigestion with headache, vomiting of regurgitated bile, hot water by the glassful has no equal.

We all have our pet formulae in the way of cathartics and mine is powdered rhubarb (grs. v. to grs. xv). In any pronounced case, be it simple liver torpor or be it of malarial origin, I almost always combine this simple powder with whatever else is given. The following is given in malarial conditions in greater or less portions: ℞ calomel, grs. x; piperine, gr. ½; rhei pulv., gr. v to xx; podophyl. resin., gr. ¼; compound colocynth pulv., grs. iii to v. M. ft. caps. No. iii.

Sig.: Give three hours apart and follow with salines. I am impressed with the special value of rhubarb in its action beginning at the duodenum, causing free watery secretions from the upper intestines and possibly from the pylorus, thus washing out the tract with its own water, obviating or relieving regurgitation. The amount of emesis regulates the dosage of rhubarb; five to twenty grains. This is not new teaching but I am acquainted with many who over-look its use.

Hepatic stimulation as an abstract proposition is entirely problematical. Nothnagle's tables are my reference and would seem to discourage the prevailing custom in this region, where we depend so largely upon calomel. This drug is put in the class which decreases bile secretion, while rhubarb is looked upon as giving slight or doubtful or inconstant bile secretion. These tables I will not enumerate; but refer you to them.

It occurs to me that our best reason for giving calomel and vegetable cathartics consists in the effect of emptying the alimentary tract of all accumulations, and on the principle that nature abhors a vacuum our patient's secretory organs set to work to supply the deficiency. Give your cathartics, empty the system, hunger prevails and all the organism cries out for more supplies. Functionation is again in order to meet demands for the digestion of food. Then food and tonics again, judiciously as to the quantity and the quality. As to the use of calomel, my experience teaches me the value of one grain at night, which acts in fifteen to twenty hours, for any healthy person with a temporarily over-wrought body, from any cause whatsoever. The morning after a good night's rest brings refreshment and the joys of living.

Congenital Umbilical Hernia.—In the case reported by Wilson, in *Western Medical Review*, the sac of the hernia was found to contain the entire small intestine and the cecum firmly united by adhesions. The child was operated on when only three hours old, and made an excellent recovery.—*Journal A. M. A.*

*A REPORT OF A PECULIAR CASE, WITH REQUEST FOR A DIAGNOSIS.

H. L. WALKER M.D.,

CLARKSDALE.

On Saturday afternoon, March the ninth, I was called to see a negro man whose history was as follows:

Age about forty years, initial lesion of syphilis about two years ago, no history of any previous abdominal trouble. Present illness began on the previous afternoon with a severe pain over the entire abdomen. This pain lasted about two hours, but was never severe enough for him to stop work and after it had passed off he felt perfectly well. That night he took three C. C. pills, not so much on account of the pain he had had but because his bowels had not moved that day. About 12 o'clock that night the pain returned and with it an attack of vomiting, the vomitus containing considerable bile, which lasted about fifteen minutes. The pain with occasional attacks of nausea continued until I saw him for the first time the next afternoon (Saturday). He described this pain as steady, severe, not "crampy" in character, much worse than on the day previous and with no points of special intensity.

His temperature was 98° F., pulse 58, full and strong, and respiration normal. There was no rigidity of the abdominal muscles, no tympanites and only slight, if any, tenderness on pressure over the upper portion of the abdomen. His bowels had not moved for two days and he complained of being quite weak. I gave him twelve grains of calomel in three-grain doses, told him not to eat anything and that I would see him the next day.

The next morning (Sunday) when I again saw him, his condition was practically unchanged: temperature 97 4-5° F., pulse 56, full and strong, respiration normal. Physical examination showed nothing new. He had vomited some salts given that morning and his bowels had not moved. I gave him eight grains of calomel, in two-grain doses every hour. The pain had become so severe that I gave him a quarter-grain of morphine hypodermically. I also had an enema given, but

* Read before the Clarksdale and Six Counties Medical Society.

with no result, the water returning clear. I saw him again late that afternoon but there was no material change. The effect of the morphine given that morning was beginning to wear off and the pain was returning steadily. He seemed to be somewhat weaker, but not to any great extent. Temperature pulse and respiration were unchanged and the occasional attacks of nausea still continued.

I saw him again the next morning (Monday) and while I was there he had a good movement from the bowels, which was the second he had had. He said he was feeling much stronger and better and that the pain was much less severe. There was no tenderness on pressure anywhere over the abdomen; the nausea had stopped. Temperature was 100° F., pulse 80 and respiration normal, so I had about decided I had been unnecessarily alarmed. I told him he could drink some milk during the day if he found it did not make him sick.

I did not see him again that day but about two o'clock that night I was called to see him. From the time I saw him that morning until about twelve o'clock that night he had been resting fairly well, had had several normal movements and but very little pain. He had taken two or three glasses of milk during this time and had retained it all. About twelve o'clock the pain in the abdomen again became very severe aud a very short time after this he passed about one-half pint of blood, I should judge from the description given me. Again while I was there he passed about the same quantity, with great tenesmus, and was quite exhausted immediately afterwards. Temperature 97 4-5° F., pulse 120, respiration increased. He was complaining of the intense weakness and his expression was anxious and drawn. I gave him opium and 1-20 of strychnine by mouth every four hours, and hot enemata every three hours. Physical examination of the abdomen showed practically no change since the first time I saw him.

I saw him again the next morning (Tuesday) about nine o'clock. The intestinal hemorrhages had stopped but he was having frequent small watery movements of a very foul odor, light yellow in color and consisting almost entirely of serum. Still there was no change in the abdominal signs except that the tenderness over the upper portion of the abdomen was in-

creased. He was decidely weaker, especially after each act of defecation. Temperature 97 4-5° F., pulse 120, respiration quick and shallow.

Dr. Gray and I next saw the patient together in the afternoon. Dr. Gray discovered a soft spot about the size of a dollar in the left rectus muscle close to the umbilicus, which was softer than normal and had a somewhat doughy feeling. I had not noticed this previously. Except for the steadily increasing weakness his condition was unchanged. We both agreed that he had an intussusception with a partial obstruction, that the invaginated portion was gangrenous and that his only chance was for this portion to slough off and for adhesions to form which would prevent the escape of the intestinal contents into the general peritoneal cavity. After discussing the "pros and cons" we decided that the patient had a better chance without an operation than he did with one, considering the surroundings and condition of the patient. The treatment decided on was to increase the opium in order to stop as much peristaltic movements as possible. I saw him again late that night. The defecation had not been checked at all so I gave him two grains more of powdered opium and another hypodermic.

When I saw him the next morning he was just barely alive but I could find nothing new on physical examination. He died about an hour and a half later.

I made a quick, incomplete autopsy, at which Dr. Gray was present, the results of which were as follows: parietal peritoneum normal, the visceral peritoneum somewhat darker in color and had lost to some extent its glistening appearance; only a small quantity of free fluid was present in the general cavity. The stomach was much larger than normal and contained quite a large quantity of fluid; the pyloric end was somewhat thickened and more congested than the rest of the organ. The duodenum was the most congested portion of the entire canal; it contained some gas but was not distended. Jejunum and ileum were the same, only to a lesser degree. The large intestine was normal in appearance and collapsed. Owing to the conditions of the autopsy I did not open the intestines.

Both kidneys, pancreas and liver were normal to the

touch but I did not take them out. The gall bladder, which I opened, was distended with bile. The spleen was much enlarged, about normal in consistency, but was a dark blue in color and was engorged with very dark venous blood.

---

*BRONCHO-PNEUMONIA IN CHILDREN.

G. S. JOHNSTON M.D.,

DUBLIN.

MR. PRESIDENT AND GENTLEMEN:—The task allotted me is one that, I am afraid, will take a deeper student than I to touch the bottom, and it is not necessary for me to go into an exhaustive brief, only to note the salient points and let you be the judge.

Broncho-pneumonia, as you know, is of various types, following certain causes, and in this article I shall confine myself to that particular form following a bronchitis, as we find it in young children. It is not necessary now to go into the minutiae as to the etiology of the disease, as you are familiar with that. Contrary to the text books, I am of the opinion that the cause is infection only, following some one of the exanthematous diseases, such as measles and whooping cough, limiting our consideration to the variety found in children, which naturally eliminates those causes that would produce it in adults as, for instance, tuberculosis.

As to the pathology of the disease, I shall not go into that as you can get it best from any of the standard works, but will confine myself to the symptoms and treatment.

Our great difficulty in getting the first symptoms is due to the fact that we rarely ever see a case in its initial stage, unless we have been treating and following it from the start, and, as the culmination is rather slow, we generally see it after being fully developed. As a rule, we first see the patient with temperature 103 to 104°F., pulse 140 to 160, respiration 50 to 70, and sometimes more rapid, and if you will notice this, you will readily see the difference in cases of pneumonia uncomplicated, you will find great difficulty in breathing, nostrils dilated, respiration not always regular,

*Read before the Clarksdale and Six Counties Medical Society.

due to obstruction in the larger bronchi, breathing labored and noisy, and coughing persistent, sometimes causing vomiting, which possibly is a good thing. You will at times find an effort to prevent coughing, this no doubt due to some pleuritic condition, and you will find this more noticeable in older children. You cannot easily form an idea as to the sputum, that usually being swallowed, from the fact that your little patient is unable to expectorate. Often you will find on percussion a tympanitic condition instead of dullness, or if there is dullness at all, it is in the latter stage of the disease, which is one of the peculiarities of this affection. Moist rales are present as a rule, but you may have both moist and dry, alternating. I have found both within twenty-four hours. Of course this point at which you find these is indicative as to the part of the lung involved and its condition. You will find this condition existing in both lungs, which is one diagnostic point against true pneumonia. The urine is scant and high colored, staining anything touched, the skin is always dry and hot, and if the temperature remains high you will find all of the above symptoms aggravated to such an extent that your patient will be hard to rouse; in fact he will almost be in a condition of coma. Convulsions may occur, but I have seen children die without the slightest indication of convulsions.

Where recovery occurs you will have a long and tedious convalescence, due to the slow absorption. Cough is persistent and general debility marked. We rarely ever find any heart lesions.

So far as the true physical signs go, you will have to depend upon your own judgment in making your diagnosis, but if you find a bronchitis with high temperature, rapid pulse, subcrepitant rales and breathing, hot and dry, moist and dry, or alternating, skin, and persistent cough, you can be reasonably sure you have a case of broncho-pneumonia to deal with.

As to the prognosis of the disease, I leave that to you. Mine has been bad, owing, I judge, to the class of patients we country doctors have to contend with, who as a rule practice neglect all the time and then some more. I believe the average mortality is high, as high as thirty to fifty per cent. I have no record as to what mine has been.

Allow me to call your attention to the unfavorable symptoms; those of difficult breathing, delirium, convulsions (rare), a tendency to sleep, cold and clammy extremities, and, as death approaches, cough better, breathing shallow, lungs filled up.

In the treatment of broncho-pneumonia you, to a great extent, will be guided by present symptoms and depend upon your own resources; I do not think any set rule will govern any one case.

My usual treatment is to give calomel until I get the desired effect, combined with Dover's powders, also spirits nitre, with tincture digitalis or strophanthus. If necessary, I give one of the coal-tar group, phenacetin I like best, to reduce temperature. I have used antiphlogistine with good results. Opiates, excepting Dover's powder, I do not like. We want to keep all the secretions active. Strychnia is indicated at any time. Emetics I do not like, owing to their depressing effect. I can see no good in blisters, only to increase the suffering of the little one. Water, as much as we can get them to drink, should be given. You will have to support with anything you can get, which is at times hard to do.

In conclusion, when we do have a case of broncho-pneumonia, we are up against a proposition. The best of us may well dread it, and our best effort is required, and should we be successful we may well feel grateful.

The City Board of Health of New Orleans by a recent resolution has placed tuberculosis on the list of reportable diseases. The matter has excited considerable criticism and discussion in the city press, but the weight of opinion seems to favor the action of the City Board.

The recent conference of the Louisiana Health Officers at Opelousas indicated that this step was desirable and Dr. W. T. O'Reilly, the president of the city board, inaugurated the step. The arguments submitted are that this will permit a more exact consideration of the methods of control of this disease which, until now, has claimed 30 per cent of the mortality of New Orleans for its victims. With the aid of the Anti-Tuberculosis League the public may be educated at an early date to the necessity for such steps, which should result in a general improvement in the status of those who suffer from this disease.—*New Orleans Med. and Surg. Journal.*

MISSISSIPPI STATE MEDICAL ASSOCIATION.

PRESIDENT:—R. S. Curry, Columbus.

VICE-PRESIDENTS:—H. R. Shands, Jackson; T. F. Elkin, Tupelo; R. D. Sessions, Natchez.

SECRETARY:—E. F. Howard, Vicksburg.

TREASURER:—J. F. Hunter, Jackson.

COUNCILORS:—1st District J. W. Gray Jr., Clarksdale.
2nd District J. B. Bullitt, University.
3rd District W. C. Spencer, Verona.
4th District R. S. Curry, Columbus.
5th District C. M. Coker, Yazoo City.
6th District S. W. Johnston, Vicksburg.
7th District H. F. Tatum, Meridian.
8th District D. J. Williams, Ellisville.
9th District Wm. Neville, McComb.
10th District T. E. Ross, Hattiesburg.

COMMITTEE ON PUBLICATION:—E. F. Howard, Vicksburg; H. H. Haralson, Vicksburg; J. F. Hunter, Jackson.

COMMITTEE ON SCIENTIFIC WORK:—E. F. Howard, Vicksburg; S. W. Johnston, Vicksburg; J. W. Lipscomb, Columbus.

SPECIAL COMMITTEE ON LEGISLATION IN REGARD TO APPLICATION FOR LICENSE:—W. W. Crawford, Hattiesburg; J. W. Gray Jr., Clarksdale; E. Wright, Sardis; J. W. Lipscomb, Columbus; H. R. Shands, Jackson; J. W. D. Dicks, Natchez.

DELEGATE TO COUNCIL ON MEDICAL EDUCATION:—W. M. Paine, Aberdeen.

DELEGATES TO A.M.A.:—Jno. Darrington, Yazoo City; alternate W. H. Harrison, Tutwiler.
W. W. Crawford, Hattiesburg; alternate H. M. Folkes, Biloxi.*

COMMITTEE ON MEDICAL EDUCATION:—C. D. Mitchell, Pontotoc; J. A. Dilworth, Aberdeen; N. L. Clarke, Meridian.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION:—J. D. Donald, Hattiesburg; W. C. Spencer, Verona; W. C. Brewer, Columbus; R. S. Curry, Columbus; E. F. Howard, Vicksburg.

CHAIRMEN OF SECTIONS.

ELECTRO-THERAPEUTICS:—C. D. Mitchell, Pontotoc.
NERVOUS DISEASES:—J. R. Tackett, Meridian.
EYE, EAR, NOSE AND THROAT:—M. H. Bell, Vicksburg.
OBSTETRICS:—J. W. Eckford, Starkville.
GYNAECOLOGY:—C. E. Catchings, Woodville.
MATERIA MEDICA:—W. H. Frizell Jr., Brookhaven.
VENEREAL DISEASES:—W. F. Scales, Macon.
BACTERIOLOGY:—L. C. Feemster, Nettleton.
HYGIENE:—G. Baskerville, Winona.
MEDICINE:—D. W. Coker, Tunica.
TUBERCULOSIS:—P. W. Rowland, Oxford.
SURGERY:—J. E. Davis, Columbus.
DERMATOLOGY:—W. S. Cranford, Laurel.
PEDIATRICS:—A. G. Payne, Greenville.

* Appointed in place of H. B. Powell, Ocean Springs, who is ineligible.

MISSISSIPPI MEDICAL MONTHLY.

E. F. HOWARD B.S., M.D., EDITOR AND PUBLISHER.
ASSOCIATE EDITORS
B. B. MARTIN M.D., Vicksburg. H. L. SUTHERLAND M.D., Rosedale.
H. M. FOLKES M.D., Biloxi. M. H. BELL M.D., Vicksburg.

OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

Among the many curiosities that the insurance war has thrown to the surface of the troubled waters is a letter from a well-known company that has been sent us by the sage of Bolivar County. Dr. Sutherland's remarks on it are so pertinent that we reproduce his letter in full, together with the curiosity, regreting that for personal reasons he prefers to withold the name of the director who has such an exalted opinion of the medical profession. This however will be furnished to any who are interested enough to write him, and we would suggest that this is a good company to avoid.

ROSEDALE, MISS., May 10th, 1907.

Dear Dr. Howard:

After my return from the Gulfport meeting, I promptly notified all the life insurance companies, for which I was medical examiner, of our resolutions and my intention to stand by them.

Of the replies received, one struck me particularly, and I will give it to the readers of the *Monthly*, to show how we are regarded by medical directors of these companies. This company wrote more than a million and a half of life insurance in Mississippi in 1906.

What he says about us may have been, nay was true, several years ago, but he does not comprehend the fullness and the completeness of our conversion to a higher and more ethical regime.

Had he witnessed our earnestness and unanimity, especially of our young men, who are soon to fill all important medical places in our state, his estimate of us would have been quite different.

Instead of growing lukewarm, they will grow more determined to exact what is due them, and those of their fellows who falter or fail will become Ishmaelites of the profession, and none will realize it more fully than themselves.

As a slap in the face of the profession at large, this letter "takes the cake." Let all self-respecting doctors take due notice thereof and govern themselves accordingly.

H. L. SUTHERLAND.

Dr. H. L. Sutherland, Rosedale, Miss.:

Dear Doctor:—We have your favor of the 29th ult, and have carefully noted contents. The agitation over medical fees is giving us considerable trouble, and is unfortunate both for the companies and the better class of physicians, for while men like yourself will abide by the rules of the society, etc., it has been our experience that after a little while it is easy to get men to do the work for the regular fee, and this always leaves us more or less at a loss to know what to do.

Physicians are, as you know, just as different as are other classes of men, and to get the best service, companies should be left free to deal with them as individuals rather than as an organization, and as a class, which is the way we have to deal with them now, our present schedule of fees is certainly adequate compensation for the services we receive from them as a whole.

Appreciating the position in which the resolution has placed you, we will pay you $5.00 for such examinations as you may be called upon to make until further instructions. The matter is, however, a business proposition with us, and so soon as we can secure a good man who will accept our regular fees in your territory, we will, of course, have to give him the work.

Trusting that when we can serve you you will command us, we are,

Yours very truly,

Medical Director.

LETTERS TO THE EDITOR.

Biloxi, Miss., June 10th 1907.

Dr. E. F. Howard, Vicksburg, Miss.:—

Please put a disclaimer in your next issue anent the remarks in our county society attributed to me in which I am supposed to say that "I prefer condensed milk to cow's milk in feeding infants." I said that "there are certain cases of very feeble digestion in which condensed milk for temporary use is of greater service than ordinary cow's milk, being more easily assimilated."

Sincerely yours,

H. M. Folkes.

Rosedale, Miss., June 3rd 1907.

Dr. E. F. Howard, Vicksburg, Miss.:

Dear Doctor:— I wish to say with reference to the report of papers read at Gulfport in *Journal A.M.A.* of May 4th, that I was as much surprised as you could have been, when I read the short paragraph in that *Journal*, and as I was one of those singled out of a long program for notice, wish to say that I have had no communication direct or indirect with the *Journal* since long before our meeting at Gulfport.

Very truly,

H. L. Sutherland.

Port Gibson, Miss., June 13th 1907.

Dear Dr. Howard: —

I am having a tilt with the N. Y. Mutual and expect them to decapitate me in next letter. Don't you think it would be a good idea for you, as secretary, to write to the secretaries of all county societies, making an appeal to them to work up a strong sentiment in this matter, urging that each member assert his manhood to stick to the resolutions. If we will stand in solid phalanx in this matter we will respect ourselves more and bring the Big Four to terms. We can't afford to show the white feather. I have a $5,000 policy, one year's standing, for my son. If I am tossed overboard I shall at once have $141.00 cut from their revenues. That of course will not make them take advantage of the bankrupt act, but I will place him in one of the more liberal companies. Trusting to see you make a strong war personally and through the *Monthly*, I am,

Yours to count on,

W. D. Redus.

SOCIETY PROCEEDINGS.

Harrison County Medical Society met at Cowan's drug-store, Gulfport, June 10th. Those present were Drs. Rowan, LeBaron, Hopper, Richardson, West, Anderson, Hutchens, Fahnestock, Parker, Sheely, Morris and Tarry. Minutes of previous meeting read and approved. Dr. Morris, who was to read a paper, being late, some time was spent in discussing

asthma, the various causes and treatments, the effects of climate, that of the sea coast being especially mentioned. Moved by Dr. Parker that hereafter two papers be read at each meeting. Motion was carried. Dr. Morris, being somewhat tardy, now read his paper on spasmodic asthma. There was quite a discussion. Dr. Sheely cited a case which was instantly relieved by a hypodermic of adrenalin chloride in five minim dose. Dr. Morris called attention to an anema produced in a patient of his by frequent administration of adrenalin chloride, this patient being entirely relieved on moving to the sea shore. Dr. Rowan mentioned that it is recommended to cauterize the Schneiderian membrane of the nose. There was further discussion by various doctors present. Among remedies mentioned to relieve the paroxysms were apomorphia, nitroglycerine and atropine, but the concensus of opinion was that morphine is the best all-around remedy we possess.

Perry-Green County Medical Society met in regular session in its apartments in First National Bank Building June 17th, eight P. M., with Dr. W. R. Thames, vice-president, in the chair. There was a large attendance present, and a splendid program was rendered. The principal feature of the program was a paper read by Dr. W. H. Doty on early diagnosis and treatment of cancer of the cervix uteri, a very interesting and important subject, which was handled by Dr. Doty in a very instructive and interesting manner. He laid great stress on being able to make an early diagnosis, as the success of treatment depends altogether on this feature; and in order to be able to make an early diagnosis, he insists on investigating any and all leucorrhoeal and bloody discharges from patients, especially after the menopause. He favors a purely surgical treatment at the earliest possible moment—a hysterectomy; and he favors the vaginal to the abdominal route in selected cases, believing it to be simpler and more easily accomplished through this route. In cases where the body of the uterus and its adnexa are involved—in sarcomatous conditions involving adhesions—he thinks the abdominal route is preferable. Discussion:— by Dr. L. H. Howard, who believes that the x-ray offers a great deal in the way of cure in the early stages; and that he had gotten splendid results from this line of treatment. Dr. R.

B. Stapleton also favors the electrical treatment in the early stage, also citing instances where he had been awarded splendid results from this line of treatment. Dr. W. W. Crawford took issue with the essayist as regards the vaginal being the more simple and easy route for a hysterectomy of this nature, believing the abdominal to be preferable; also stating that in his opinion there were but few operators expert enough to do this operation per vaginam as easily as by the abdominal route. Dr. T. E. Ross agreed with Dr. Crawford in his position in the matter. Dr. L. B. Hudson outlined the technique of the trypsin treatment for cancer—commencing with small doses injected deep into the tissues and increasing the dose one minim per day until large doses were attained. Applications of Dr. D. W. Walley, Richton, Miss., and Dr. L. H. Martin, Hattiesburg, Miss., were presented, received and referred to Board of Censors. Dr. L. H. Howard suggested that contract practice should receive the attention of the society, and a committee was appointed to look into some features concerning it. Dr. L. B. Hudson was selected to read a paper on the treatment of cancer of the cervix uteri at the next session of the society, which will be July first, 8 o'clock P. M. The society also voted to meet semi-monthly instead of monthly as heretofore, dates being first and third Monday evenings in each month.

Tri-County Medical Society (Pike, Lincoln, Copiah) will meet at Crystal Springs July 23rd at 11 A. M. The programme consists of a symposium on tuberculosis and Drs. Frank Jones of Tennessee and E. L. McGehee of Louisiana will assist the members of the society in the consideration of this important subject. The public is cordially invited, the programme having been prepared especially to present the subject to the laity.

Union County Medical Society met in regular session Monday, June 3d. Dr. Eason, delegate to State Association, read resolutions adopted by State Medical Association regarding fees for making life insurance examinations, also editorial on same subject in *Mississippi Medical Monthly*. Resolution endorsed by unanimous vote and every member present signed agreement not to examine for old line

companies for less than five dollars ($5.00). Nearly every physician in the county has signed this agreement and the others will sign. President called attention to the fact that druggists are prescribing in violation of the law. Motion adopted to instruct committee on public health and legislation to investigate and if found guilty to warn them and to prosecute if warning is not heeded. A committee was appointed to arrange and adjust fees and report at August meeting. Dr. M. E. Bridges made application for membership. The society is now on the up grade with bright prospects of every physician in the county becoming a member. Next meeting first Monday in August.

BOOK REVIEWS.

NEPHRITIS, A Manual Of The Disease Commonly Called Nephritis Or Bright's Disease And Of Allied Disorders Of The Kidneys, by S. W. Little M.D. Price $1.25 net. The Grafton Press, New York.

In this little monograph Dr. Little has flown directly in the face of much of the ancient teaching regarding nephritis, but his reasoning is so logical and his arguments so rational that his methods would appear to be at least worthy of consideration and trial. The book is intended neither for the student nor the laboratory expert, but for the average general practitioner, and from men of this class, who constitute the great majority of the profession, will undoubtedly meet a hearty welcome.

PHYSICAL DIAGNOSIS With Case examples Of The Inductive Method by Howard S. Anders A.M., M.D., Professor of Physical Diagnosis, Medico-Chirurgical College, Philadelphia; etc. With eighty-eight illustrations in the text and thirty-two plates. D. Appleton & Co., New York and London.

The author rightly argues that while laboratory findings are always desirable, there is a growing tendency to rely on them to too great an extent, thereby neglecting physical signs and objective symptoms. Inspection and mensuration are more fully considered than is usual and the value of these methods of diagnosis brought out more fully than in any work on diagnosis the reviewer has yet seen. The radiographs illustrating normal and various pathological conditions add greatly to the book.

DIAGNOSTICS OF THE DISEASES OF CHILDREN, by LeGrand Kerr M.D., Professor of the Diseases of Children in the Brooklyn Postgraduate School; Pediatrist to the Swedish Hospital in Brooklyn; Attending Pediatrist to the Williamsburg Hospital, Brooklyn. Fully illustrated. W. B. Saunders Co., Philadelphia. Price, Cloth, $5.00, *net.*

The author has given us an eminently practical book, which for clearness and convenience cannot be excelled. He lays particular stress on the importance of objective symptoms, warning against the almost invariably incorrect histories that are given in such practice. He emphasizes, too, the principle so beautifully brought out by Cotten, that the infant is not a miniature man but a potential man and that this must be remembered in pediatric practice since on this account we find marked differences in etiology, pathology and symptomatology and must expect to make equally marked differences when we come to treatment. In every instance the symptomatology is fully discussed and differential diagnosis is emphasized, in order that an early diagnosis, so important in these cases, may be made. The illustrations are ample and well chosen and the mechanical make-up is all that one could ask.

THE PRINCIPLES AND PRACTICE OF DERMATOLOGY, by W. A. Pusey A.M., M.D., Professor of Dermatology in the University of Illinois; Dermatologist to St. Luke's and Cook County Hospitals, Chicago; Member of the American Dermatological Association. D. Appleton & Co., New York. Price, Cloth, $6.00.

In two respects this is an improvement on any work on dermatology the reviewer has yet seen: in the consideration of the fundamentals of the subject, taken as a whole, and in the treatment. Realizing the importance of a thorough grounding in fundamental knowledge, the author has devoted considerable space and thought to the principles of dermatology, to the anatomy and physiology of the skin and to the general etiology and pathology of its diseases. Under treatment, general treatment has been considered fully and its practical importance emphasized. The book is evidently the work of a practical teacher and the publishers have spared no pains to give it the setting it deserves, the press-work being of a high order and the illustrations, of which there are three hundred and sixty-four, superior to anything we have seen except in atlases or special collections.

SURGICAL DIAGNOSIS. By DANIEL N. EISENDRATH M. D. Adjunct Professor of Surgery in the Medical Department of the University of Illinois (College of Physicians and Surgeons). Octavo of 775 pages, with 482 original illustrations, 15 in colors. Cloth, $6.50 net; Half Morocco, $8.00 net, W. B. SAUNDERS COMPANY, Philadelphia and London.

Aside from the general excellence of this book, which might be taken for granted in view of the author's reputation as a surgeon, it presents a number of noteworthy and commendable features. The question of diagnosis has been approached chiefly from the clinical standpoint. Injuries and diseases have been grouped in the manner in which the surgeon must consider them when he examines a patient for the purpose of making a diagnosis. Thus in the chapter on injuries of the head, the various traumatic lesions of the scalp, skull and brain are considered together. In the chapter on the abdomen, injuries of all the abdominal viscera are taken up in a similar manner. There are 482 original illustrations that have been introduced for the purpose of aiding in a correct diagnosis. B. B. MARTIN M.D.

THE ABDOMINAL AND PELVIC BRAIN WITH AUTOMATIC VISCERAL GANGLIA. By Byron Robinson B.S., M.D., Chicago, Ill. Author of "Practical Intestinal Surgery," "Landmarks In Gynecology," "Life-Size Chart Of The Sympathetic Nerve," "The Peritoneum, Its Histology And Physiology," "Colpoperineorrhaphy And The Structures Involved," "The Mesogastrium, Splanchnoptosia." Professor of Gynecology and Abdominal Surgery in the Illinois Medical College, Consulting Surgeon to the Mary Thompson Hospital for Women and Children, and the Woman's Hospital of Chicago. Frank S. Betz, Publisher, Hammond, Ind. Price $4.00.

Professor Robinson has written a monumental work upon a subject too little known and too little appreciated by the average practitioner of medicine. While many of the theories enunciated seem a trifle fine spun for everyday use, the value of such careful research and such profound scholarship must be apparent to all, and in time all physicians will comprehend the vast truths this author has, singlehanded, worked out, and his name will ever be associated with them. The single chapter "The Significance Of Sudden Abdominal Pain" is alone worth the price of the book, and will help many a worried doctor to a correct solution of the problem before him. The illustrations are all well drawn, and sufficiently numerous; in fact the only criticism we can make of the work is that the general typography, binding and mechanical execution of the drawings is not worthy of such an epoch-making volume. S. MYERS M.D.

MISSISSIPPI MEDICAL MONTHLY.

VOL. XII.] AUGUST 1907. [NO. 4

*QUININE IN THE TREATMENT OF PNEUMONIA.

D. W. JONES M.D.,

FERNWOOD.

The extraordinary statements of Dr. Galbraith of Mexico, in his papers on this subject as printed in *The Journal A.M.A.*, July 9th 1904 and January 28th 1905, ought to have challenged the attention of many members of this Association.

The object of my paper is to simply call attention to that subject and to invite a discussion of it on its merits by those who have tried it. If Dr. Galbraith treated fifty consecutive cases of pneumonia without a single death, with amelioration of the symptoms in all, and apparent jugulation of the disease in many, and no bad effects from the treatment in any—the plan is certainly worthy of a trial.

Pneumonia is one of our most fatal diseases and we ought to hasten to test anything offered on good authority that promises any addition to our hitherto unsatisfactory treatment. It is certainly an inglorious acknowledgement for our profession to admit that after centuries of study and investigation we have apparently found no treatment which limits the ordinary course of pneumonia, or even surely ameliorates the symptoms.

My experience is limited and I cannot speak as "one having authority," but I must say that the results of the few test-cases in which I have tried the Galbraith treatment, incline me to give it further trial and to commend it to those who have not tried it. I have tried most of the "specific" treatments for pneumonia—the iodine, creosote, veratrum, digitalis, etc., but none of them led me to change my expectation of an average run of seven to nine days of fever in adults, with an ascending scale of seriousness of symptoms until the "crisis" was reached, until I tried the Galbraith treatment. I had almost come to the conclusion that the

*Read before the Mississippi State Medical Association.

chief use of a doctor in a pneumonia case is to so direct affairs that the patient is not allowed to hurt himself or to be hurt by over-zealous friends, and to prepare him for that fatal "crisis" when the "self-limited" disease either exhausts itself or its victim.

The results of the Galbraith treatment have produced an agreeable change in my view of this subject.

I have here the clinical notes on a series of eleven consecutive cases of pneumonia treated by this method without a single death, and in which practically all evinced ameliorations of the symptoms from the very initiation of the treatment. Moreover, there was an apparent abbreviation of the ordinary course of the disease in most of the cases; practically all recovered by lysis rather than by crisis and many of them were apparently *safe* by the third or fourth day of the disease. Finally, there were no untoward results of the the treatment, and no complications followed in any case. Of this series, nine were lobar pneumonia, two broncho-pneumonia. No case was counted as lobar pneumonia in which the physical signs of consolidation were not evident. Several cases thus treated from the very inception of symptoms which pointed to a commencing pneumonia (such symptoms as chill after exposure, followed by high fever, cough, pain in side, etc.) but in which consolidation was never manifest, are not counted. I believe, however, that this treatment did sometimes abort what would otherwise have developed into full-fledged pneumonia cases.

Of the nine cases of lobar pneumonia, the longest period of fever was seven days, the shortest two days, the average less than five days. The ages were thirty, twenty-five, twenty, seventeen, twelve, twelve, ten, six, four. Two cases of broncho-pneumonia, ages six months and two years, recovered under the treatment, but the courses were, of course, prolonged. Two other cases not treated with quinine died. Of the lobar cases, only one side was involved in any case except one. In most cases only one lobe was involved.

Possibly they were all mild cases, though several of them began with every indication of a severe infection, which seemed to be modified by the treatment.

I will add that most of them took the large doses of quinine astonishingly well; the pneumonia seemed to estab-

lish a kind of tolerance for the quinine. I did not follow Dr. Galbraith's treatment in toto: I could not, at first, bring myself to believe a patient could tolerate so much quinine. You know he gives from forty to sixty grains of quinine at once, followed in one or two hours with another dose of thirty to forty grains, and perhaps another "round" the next day or two; his paper is not very definite as to how long he keeps it up. Two or three days is as long as I tried to give it, and even then in smaller doses than he suggests.

Further experience leads me to believe, however, that it would be better to give the quinine after the plan as outlined by him, since the patient soon becomes disgusted with the continued treatment, gets nauseated, etc., whereas he takes one or two heroic doses very readily. Dr. Galbraith gave one hundred and fifteen grains in two doses within one hour, in one of his reported cases, with no bad effects. He claims that cinchonism was observed in no case where the quinine was given in the active stages of the disease, and that it does not depress the heart in any stage. I report here a case of pneumonia in a child of twelve years with a severe mitral insufficiency, in which the quinine seemed to act as a heart stimulant. It certainly did not act as a depressant to the peripheral circulation.

---

*GASTRO-ENTEROSTOMY.

JNO. DARRINGTON M.D.,

YAZOO CITY.

About one hundred years ago, a woman came to consult Dr. Ephraim McDowell of Kentucky. She had ridden sixty miles horse-back, with a large ovarian tumor resting on the horn of the saddle, and Dr. McDowell had the moral courage to operate on this patient, notwithstanding the fact that a mob had surrounded the house to attack him in case the woman died.

Compare that operation with the best operative work of to-day, and we can appreciate to some extent the marvelous

*Read before the Mississippi State Medical Association.

change that has occurred in surgical technique and in surgcal mortality. An operation for the removal of an ovarian tumor would not be of sufficient interest to-day to deserve mentioning.

For centuries, surgery groped its way in the dark, and would still be fighting its hopeless fight against pain and suppuration but for the discovery of anesthesia and antiseptics. The discovery of these two agents revolutionized surgery, and laid the foundation for surgical results that are surprising and amazing to the operators themselves—and the end is not in sight.

The surgeon with a sense of security and a feeling of safety has gradually invaded the various diseased organs ot the human body, and the relief from suffering and the prolongation of life has in turn been an incentive to the surgeon for renewed efforts and still more marvelous achievements.

Operations upon the ovaries and tubes, the vermiform appendix and the gall bladder, have been thoroughly discussed, and the best operative procedures in the various diseases of these organs have reached a fairly firm footing. The operative treatment of stomach diseases, however, is a new field, but no less important, and is well worth our most careful consideration. When we remember that elective stomach surgery is only a few years old, and that the best work has been done during the past year, and that by only a few operators, we can readily understand why the mass of physicians are not impressed with the surgical possibilities in this class of cases and are not advising their patients to seek surgical relief.

It is now a well-established fact that good drainage of the stomach by one of several methods recently devised is the only proper treatment for chronic ulcer of the stomach or duodenum, for adhesions or contractions of the stomach that interfere with digestion, or for any condition about the pylorus which prevents the stomach's contents from passing readily into the intestine. It is also advised as a life-saving measure in cases of repeated hemorrhages in acute ulcer of the stomach, and as a palliative treatment in inoperable malignant conditions. I know of nothing more hopeless than a patient with an advanced cancer of the stomach, and we should keep constantly in mind the fact that cancer is on the

increase, and that the greatest increase has occurred in the stomach, in fact it is estimated that over thirty per cent. of all cancers develop in this organ; and it is also a well-established fact that a large per cent. of the cancers of the stomach show that they have been engrafted on an old ulcer; so we can readily see that when we cure a patient of chronic ulcer, we not only have given him relief from a very distressing condition, which in itself is well worth the risk of an operation, but we have reduced his chances of developing a cancer, and that fact alone is an urgent appeal to us for an early diagnosis and an early operation.

There are several methods employed to secure drainage of the stomach. Finney's pyloroplasty, on first thought, would seem to be the ideal operation, especially in stricture of the pylorus, as it simply enlarges the natural opening, but its field of usefulness is confined to those cases in which the ulcer has healed and the stomach is not greatly dilated. Remembering that nearly all ulcers occur in the pyloric end of the stomach, we can understand that, no matter how much we enlarge the pylorus, food must still pass over this ulcer-bearing area. If the stomach is greatly dilated, its muscular walls will prove unequal to the task of shoving the food up hill through the pyloric opening.

The anterior gastro-enterostomy was for years the usual operation, and while it is very easily performed, it has not given perfect satisfaction and is being abandoned. The posterior gastro-enterostomy, however, has given excellent results and is preferred by the operators best posted in this line of work.

The two essential features in a gastro-enterostomy are to have the opening in the stomach at the lowest point and to have the opening in the bowel as near the pylorus as possible, thus avoiding an intestinal loop, as we presume it is this loop that causes the regurgitation of bile into the stomach, producing what is known as the " vicious circle."

The posterior operation meets these conditions more perfectly than any other method and may briefly be described as follows. An incision of sufficient length is made in the median line, or through the right rectus muscle between the ensiform cartilage and the umbilicus. The stomach, the transverse colon and the great omentum are drawn through

the incision, turned up on the abdomen and covered with hot towels. If you have previously gently clamped the lowest portion of the anterior wall of the stomach with a pair of long-handle forceps, it will be of great assistance a little later in locating the lowest part of the posterior wall. A point in the transverse mesocolon is now selected and a hole punched in it with a pair of artery forceps and this opening enlarged; now, by pressing gently on the handle of the forceps, previously clamped to the anterior wall, the posterior wall of the stomach is pushed into the opening in the mesocolon and drawn through, and a fold about three inches in length clamped by a pair of slightly curved forceps having rubber covered blades; the same kind of forceps are now applied, in the same way, to the jejunum, as close under the transverse mesocolon as possible. It is well at this stage of the operation to return the stomach, colon and omentum to the abdominal cavity, as it reduces the chances of shock. The two pairs of forceps are now brought side by side and the field thoroughly protected by moist gauze.

Three plans may now be employed in uniting the intestine and stomach: by suture; by a Murphy button; by the McGraw ligature.

In using the suture method, the folds of the intestine and stomach included in the clamps are brought together by a continuous linen suture which includes only the serous and muscular coats, the thread being left six or eight inches long at the beginning and end of the suture line. An incision is now made in both the stomach and intestine about one-quarter of an inch from the linen suture, and the excess of mucous membrane that protrudes in the wound is cut away. A chromic cat-gut suture is now introduced through the entire thickness of the stomach and bowel wall, extending around the opening to the starting point. The parts are now thoroughly cleansed, the forceps removed, all oozing checked, and the line of linen suture continued around in front of the anastomosis and tied to the original end which was left long for that purpose. The torn edges of the mesocolon are fastened by a few interrupted stitches to the stomach wall at or near the point of anastomosis. The field is again carefully sponged and the parts allowed to drop back; the great omentum is pulled down smooth, and the abdomen closed.

In using the Murphy button, the operation is performed as just described, except that the anastomosis of course is made with the button, and a few stitches inserted to strengthen the union. The button is easily introduced and makes an excellent opening, but it is sometimes retained in the stomach, and the union, in some cases, has given away.

Dr. Ochsner of Chicago has had a large experience with the McGraw ligature and he is pleased with the results. It is as easily applied as the button, and there is practically no danger from either leakage or infection. A line of linen suture is applied, as described in the suture method. The needle carrying the elastic ligature is thrust through the wall of the stomach and brought out so as to include about two or three inches of the stomach wall. If the stomach is greatly dilated, you should include more tissue, fully three inches, so as to be sure of a good opening after contraction takes place. The needle then passes through the intestinal wall in the same manner and for about the same distance, and the ligature is drawn very tight and tied carefully. The linen thread suture is then continued, which brings the serous layer together entirely around the strangulated tissue. This rubber ligature will cut through and establish an opening in from five to seven days.

I have not gone into special details regarding the technique of these three methods of making the anastomosis, for fear it would make the paper too long, but I do wish to impress upon you your duty and your responsibility in treating these chronic cases, termed "indigestion," and remember that brilliant as are the achievements of surgery, there are no results that are more gratifying to both patient and surgeon than a gastro-enterostomy in a properly selected case.

Davies reports a case of measles occurring at a considerable distance from any other case. It appears that a young man was taken ill with a very light attack of measles and while in bed wrote a letter to his brother. Shortly after the receipt of the letter the brother was attacked by measles, having been in contact with no one who had the disease.—*Journal A. M. A.*

*FORCEPS.

W. H. ROWAN M.D.,

WIGGINS.

Allow me to state at the outset that this paper is not a plea for the indiscriminate use of forceps, nor is it a condemnation of the most important instrument that comes into the hands of the obstetrician, for I regard the obstetrician who plies his calling without having with him, in every case, suitable forceps just as I regard a therapeutist without drugs or a surgeon without hemostats.

The assumed invention of forceps was kept a profound secret in the Chamberlen family for many years, and so far as many of our physicians are concerned they had as well kept the secret till this day.

It is my observation that the physician who condemns the use of forceps is either ignorant of the application of the instrument, or exceedingly careless of the welfare of his patient. Were all women endowed with a normal anatomy, and were all children—in utero—adjusted to that anatomy, then forceps would perhaps be useless, but civilization has wrought changes; fig-leaf adornment has given way to corsets and high-heeled shoes, and normal labors are rare.

The forceps in the hands of an indifferent or brutish operator is, at once, dangerous to the mother and doubly dangerous to the child, but, at times, in the hands of a considerate operator it ceases to be an instrument of torture, but rather of great relief and often of life-saving.

Forceps delivery may be roughly divided into two kinds; the high and low operations. High operations should never be undertaken except when loss of the mother's life is imminent, as from eclampsia, rupture of the uterus, uncontrollable hemorrhage, or diseases which complicate the labor to a dangerous degree. Version should be attempted first in these conditions, but if uterine contractions are strong and the waters have ruptured and the head can be brought into the pelvic-brim by suprapubic pressure, there is no reason why delivery should not be attempted by the use of axis-traction forceps. With the exception that rotation must be made and the blades readjusted before entering the inferior

*Read before the Mississippi State Medical Association.

strait, there is nothing to consider that is not to be considered in low operations. Because of the difficulty in application, it is exceedingly fortunate that we have so few high operations to perform.

Unless low and clearly easy, no forceps should ever be used in delivering a dead child; craniotomy is much easier and surer.

All high operations should be done under complete anesthesia.

We are more interested in low operations because of their simplicity and more frequent demand.

After the head has become engaged and dilatation is complete, and the waters have ruptured, the necessity for forceps should be easily recognized.

Besides the conditions that demand low operations, we have the following: first and paramount is exhaustion of the mother and the attendant uterine inertia. When the pains cease and exhaustion is intense, if the head is low in the passages and fails to make progress for forty-five minutes, we should unhesitatingly use forceps, if there is no contrary disproportion between the child's head and the passages. Ordinarily I use no anesthetic but, gaining the consent of the patient, apply the forceps and make gentle traction with the pains.

Second; in all cases of head presentation, except a posterior face, and in pelvic presentation, and especially the after-coming head, where delay is dangerous, the forceps is often demanded and can be used.

Third; impending danger to the child from prolonged impaction, with a large swollen caput succedaneum, demands the application of forceps, even though you see the child will eventually be born.

Fourth; in mild pelvic contractions, or in an unyielding pelvis, if the head of the child seems plastic, forceps can be used, and will often surprise one in the ease of delivery.

Some dangers in the use of forceps are obvious. First of these we mention are lacerations. To prevent lacerations of the cervix the os should be completely dilated, or, in case of emergency, if the os is not dilated, it is better to incise it in one or more places than to drag the head through, produc-

ing promiscuous tears, sometimes even extending to the peritoneum or vesico-vaginal wall.

A perineal laceration should occur no oftener with forceps than without, because the forceps should be removed when it is seen that the next few pains will deliver the child.

The risks to the child are great unless one realizes fully the exact position of the head and is able to make a cephalic application of the forceps, rather than a pelvic application Intra-cranial hemorrhage, contusions of the eye and like accidents are often caused by carelessness. No operator should fail to understand that the forceps is not an instrument for compression—it is not intended even that the distal ends of forceps' handles should proximate. See that the blades are locked, but do not press the handles together further than the head readily permits. Care should be exercised that the cord be not caught by the blade, as often happens when the cord is around the neck.

If the head of the child and the pelvis are in proper proportion the use of forceps is rarely attended with danger.

I have never yet had to place a patient on the table for an instrumental delivery. An obstetrician should be as absolutely clean when delivering without forceps as with them; the instrument being the only additional mode of infection, and boiling water will remedy that.

It little matters what a patient's posture is, but allow me to mention this: very often, when a larger conjugate diameter is wanted, one may get it by bringing the patient's hips to the edge of the bed and allowing the limbs to hang to the floor. Conversely, flexing the limbs will decrease the conjugate diameter, a fact that should be borne in mind at all times, and, an empty rectum and bladder will enlarge the passage and should not be forgotten.

The safest forceps is the axis-traction instrument, which may be used for low operations as well as high. Ordinarily we use the Elliot pattern of forceps but, owing to the thickness of the blade, it is sometimes very difficult to apply to a tightly moulded head. In these cases I have found the Clark forceps to be easily applied and very satisfactory, enabling one to use forceps where all other instruments fail.

Forceps delivery is comparatively easy to the operator who recognizes the conditions to be dealt with, and who is

considerate of results. To you, let me say, use forceps often if it will lighten your patient's labor and increase the chances for the child.

I *cannot* believe the man who has been an obstetrician for years and says that he has never had occasion to use forceps. Such as he have had the occasion, but not the knowledge, or, having the knowledge, have been afraid to use it.

---

*THE ELECTRICAL TREATMENT OF DYSMENORRHEA.

AMEDEÉ GRANGER M.D.,

NEW ORLEANS, LA.

When asked by the chairman of this section to prepare a paper on gynecology, I chose dysmenorrhea for my subject; not only because of the great frequency with which we all have to treat this condition in practice, but because I hoped that it would prove most interesting to your society, composed, as is every state medical society, chiefly of general practitioners.

I will limit the discussion of the subject to the uterine type of painful menstruation occurring in nulliparous women, excluding tubal, ovarian and peri-uterine pain, and also septic and specific inflammatory conditions; first, because of the little relief usually afforded by the ordinary methods of treatment in the cases under discussion; second, because the treatment which I will recommend gives uniformly good results and its technic is so simple that it can be applied by any physician possessing a galvanic and faradic wall-plate; and, lastly, because the discussion of the treatment of all forms of dysmenorrhea would take much more time than is allotted me.

Several pathological views have been advanced to account for this type of dysmenorrhea but I will only mention the two most important: the mechanical obstruction theory of Marion Sims and the neuro-muscular theory. According to the first view, there exists some obstruction, acute anteflexion or stenosis of the os, which arrests the discharge, caus-

*Read before the Mississippi State Medical Association.

ing distension and pain. When the distension has straightened out the ante-flexed uterus, or as a result of the distension, the uterus contracts and forces the discharge through the stenosed os, the flow becomes established and the pain ceases. The cessation of pain when the flow is established and the frequent passage of clots are considered strong evidences in favor of this mimic labor theory. On the other hand, some of these patients have no stenosis or ante-flexion, nor even an under-developed uterus, and Massey, other observers and myself, have made intra-uterine applications during periods of great pain and found the uterus not only not obstructed but patulous. Schultze demonstrated that a sound could be passed to the fundus of the uterus during the crisis of the mimic labor, that is before the flow is established, and encounter no fluid or clots.

The second or neuro-muscular theory claims dysmenorrhea to be entirely a neuro-muscular phenomenon. This theory is based upon a theory of the physiology of pain, which is not generally known although entertained by some writers of eminence, among whom we find Marshall, Leverette and Fuke. It contends that pain is the expression of the quality of the activity of the various organs or part of the organism. For example, when the activity of an organ is inefficient, it gives rise to a sensation of pain. In other words, pain is experienced whenever the physiological reaction which determines a specific stimulus is less in amount than the energy of the stimulus. Thus the uterus called upon to perform an important normal function while it is in an underdeveloped state, or while its endometrium is the seat of congestion or catarrhal inflammation, or when the pelvic organs or the whole system is underdeveloped or under par, or when its innervation is at fault, even though no local trouble can be found, and this is not infrequently the case, is thrown, into a neuro-muscular spasm which inhibits temporarily the menstrual flow and gives rise to an expression of pain. The pain disappears and the flow starts simultaneously with the relaxation of the neuro-muscular spasm.

Massey, who proposed the name menorrhspasm for this condition, says "that the spasm alone is the parent of the pain rather than retained excretion, is more than likely, and associated sequence being an inhibition of the excretory

act until relaxation has occurred. Menorrhspasm, in brief, may be said to be a neuro-myotic storm of the uterine neuro-muscular apparatus, which renders the excretion of menstrual fluid temporarily impossible. Its exciting cause may be either lack of development of the organ or morbid conditions of the endometrium, while its remote causes are traceable to all those influences in modern society which hinder the proper development of physical life in young women. That a spastic muscular contraction, most noticeable at the internal os, usually accompanies the menorrhspasm, is undoubted, and there is reason to believe that the contraction may be excited by the sound between the period."

Another evidence of the neuro-muscular condition is seen in the existing hyperesthesia of the endometrium. Those who have made intra-uterine applications in these cases know the pain which is caused when the instrument passes the internal os, no matter how gently it is introduced or how little obstruction it seems to meet.

The fact that some of these cases are sometimes cured by dilatation, is no proof of the mechanical obstruction theory, as the forcible dilatation very probably acts as a sort of mechanical stimulus to the trophic nerves, causing increased nutrition and development.

It is not my idea to convey the opinion that dysmenorrhea is never due to atresia of the os or to marked anteflexion, but I believe that the percentage of such cases is very small indeed.

Accepting the neuro-muscular theory, I divide the cases under discussion into two classes, first, those in which the spasm is due to a general neurotic condition or to torpidity of the abdominal organs, with constipation, resulting in vaso-motor disturbances of the pelvic organs, which cause impairment of the nervation or nutrition and development, or both, and, second, those due to infantile uterus or catarrhal endometritis.

The first class requires no intra-uterine applications, the second class almost invariably does. When treating cases belonging to the last class, in virgins, I only make vaginal examinations and resort to intrauterine applications after failure to cure the dysmenorrhea by a two or three months' use of the external methods of treatment.

This consists in abdomino-dorsal applications of the galvanic current. The patient being in the recumbent position, two cotton-covered electrodes, size eight by eleven inches, thoroughly soaked and soaped, are placed, one on the lower part of her abdomen the other under her lumbo-sacral spine. A current of fifteen to sixty milliamperes is gradually turned on and allowed to flow steadily, without shocks, for from fifteen to thirty minutes. The abdominal electrode is connected to the negative pole, the dorsal one to the positive pole, and the applications are made daily or tri-weekly, during two inter-menstrual epochs. This will usually be found sufficient to cure cases of the first class. When treating weak, anemic, neurotic girls, I give daily treatments and alternate the abdomino-dorsal applications with some one of the general tonic applications of electricity: high frequency couch, static insulation, central galvanization, general faradization.

When intra-uterine applications are indicated from the beginning or have become necessary, they are made as follows: one pole connected to a cotton-covered electrode size eight by eleven inches, is placed over the lower portion of the abdomen, the other pole connected to an intra-uterine electrode, is inserted in the intra-uterine cavity. The current is turned on gradually up to the point of tolerance, never strong enough to cause pain, usually fifteen to forty milliamperes, and the average duration of the application is five minutes.

If the case is one with an infantile uterus, with scanty flow, we make the intra-uterine electrode negative. If there exists a profuse leucorrhea, with normal or increased amount of menstrual flow, we employ the positive pole in the uterus. The applications are made once or twice a week and cure usually results from six to ten such treatments, extending over two inter-menstrual epochs.

I have never treated a case with atresia of the os. Massey has the following to say on the treatment of that condition: "A cervix with the characteristic pin-hole os, with or without a contracted internal os, is unquestionably atresic, it is true, but this is only one symptom of the general sexual mal-development. A painstaking insertion of an ordinary electrode, assisted, at times, by ten milliamperes negative,

before it slips past the internal os, and the administration of from fifteen to thirty milliamperes negative, will, if repeatedly employed, so lessen the hyperesthesia and increase the nutrition, that the better developed uterus will admit the sound easily and almost painlessly and painless periods will follow."

The object of this paper is not merely to awaken the interest of the gynecologist, but of every physician present here in a valuable branch of therapeutics, which is underestimated and greatly neglected, and I hope that it will bring forth a free and full discussion.

Carleton (*Therapeutic Gazette*, May) has used adrenalin externally to combat the pain accompanying functional neuralgias and neuritis. The only absolute failures noted were in cases of neuralgia springing from toxic conditions. Reflex neuralgias of great severity were relieved for periods varying from a few hours to several months, and the pains of gout, articular and muscular rheumatism and myalgia were relieved almost entirely for a considerable time after the application of the adrenalin. In nearly one hundred cases one application of an adrenalin ointment relieved the patient of pain in cases of recurrent facial neuralgia for periods of from one month to six months. Carleton says that the quantity of a one to one thousand ointment of adrenalin to be used in any affection of a peripheral nerve should not exceed from one to two minims, by inunction, except in case of the sciatic nerve, when two or three minims may be used. Larger quantities often produce ischemia which might prove injurious. The application of the ointment must be made directly over the affected nerve.

MISSISSIPPI STATE MEDICAL ASSOCIATION.

PRESIDENT:—R. S. Curry, Columbus.

VICE-PRESIDENTS:—H. R. Shands, Jackson; T. F. Elkin, Tupelo; R. D. Sessions, Natchez.

SECRETARY:—E. F. Howard, Vicksburg.

TREASURER:—J. F. Hunter, Jackson.

COUNCILORS:—1st District J. W. Gray Jr., Clarksdale.
2nd District J. B. Bullitt, University.
3rd District W. C. Spencer, Verona.
4th District R. S. Curry, Columbus.
5th District C. M. Coker, Yazoo City.
6th District S. W. Johnston, Vicksburg.
7th District H. F. Tatum, Meridian.
8th District D. J. Williams, Ellisville.
9th District Wm. Neville, McComb.
10th District T. E. Ross, Hattiesburg.

COMMITTEE ON PUBLICATION:—E. F. Howard, Vicksburg; H. H. Haralson, Vicksburg; J. F. Hunter, Jackson.

COMMITTEE ON SCIENTIFIC WORK:—E. F. Howard, Vicksburg; S. W. Johnston, Vicksburg; J. W. Lipscomb, Columbus.

SPECIAL COMMITTEE ON LEGISLATION IN REGARD TO APPLICATION FOR LICENSE:—W. W. Crawford, Hattiesburg; J. W. Gray Jr., Clarksdale; E. Wright, Sardis; J. W. Lipscomb, Columbus; H. R. Shands, Jackson; J. W. D. Dicks, Natchez.

DELEGATE TO COUNCIL ON MEDICAL EDUCATION:—W. M. Paine, Aberdeen.

DELEGATES TO A.M.A.:—Jno. Darrington, Yazoo City; alternate W. H. Harrison, Tutwiler.
W. W. Crawford, Hattiesburg; alternate H. M. Folkes, Biloxi.*

COMMITTEE ON MEDICAL EDUCATION:—C. D. Mitchell, Pontotoc; J. A. Dilworth, Aberdeen; N. L. Clarke, Meridian.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION:—J. D. Donald, Hattiesburg; W. C. Spencer, Verona; W. C. Brewer, Columbus; R. S. Curry, Columbus; E. F. Howard, Vicksburg.

CHAIRMEN OF SECTIONS.

ELECTRO-THERAPEUTICS:—C. D. Mitchell, Pontotoc.
NERVOUS DISEASES:—J. R. Tackett, Meridian.
EYE, EAR, NOSE AND THROAT:—M. H. Bell, Vicksburg.
OBSTETRICS:—J. W. Eckford, Starkville.
GYNAECOLOGY:—C. E. Catchings, Woodville.
MATERIA MEDICA:—W. H. Frizell Jr., Brookhaven.
VENEREAL DISEASES:—W. F. Scales, Macon.
BACTERIOLOGY:—L. C. Feemster, Nettleton.
HYGIENE:—G. Baskervill, Winona.
MEDICINE:—D. W. Coker, Tunica.
TUBERCULOSIS:—P. W. Rowland, Oxford.
SURGERY:—J. E. Davis, Columbus.
DERMATOLOGY:—W. S. Cranford, Laurel.
PEDIATRICS:—A. G. Payne, Greenville.

*Appointed in place of H. B. Powell, Ocean Springs, who is ineligible.

MISSISSIPPI MEDICAL MONTHLY.

E. F. HOWARD B.S., M.D., Editor and Publisher.
ASSOCIATE EDITORS
B. B. MARTIN M.D., Vicksburg. H. L. SUTHERLAND M.D., Rosedale.
H. M. FOLKES M.D., Biloxi. M. H. BELL M.D., Vicksburg.

OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

The insurance question has recently presented a feature as disagreeable as it was unexpected. In the June issue we printed a communication from Harrison County Society denying some charges of violations of the Gulfport resolutions, and now comes news that the same trick has been tried in another part of the state. We are heartily glad however that the agent questioned the integrity of such a man as he did, and did not content himself with smaller game, since all who have the pleasure of Dr. Rowland's acquaintance know, without any explanation, that the agent has not told the truth. But it is a matter that should be thoroughly circulated and we take pleasure in reproducing Dr. Rowland's communication in full.

Oxford, Miss., July 16th 1907.

To My Professional Brethren Throughout The State:

On or about July 3rd Dr. J. B. Bullitt, of the University, received a letter from Dr. S. L. Cox of Water Valley in which he stated that certain members of the profession in Water Valley had been induced to sign an agreement with the Mutual Life Insurance Company of New York to make examinations for the Company at the schedule of fees imposed by the Company and in violation of the resolutions passed by the State Medical Association at its meeting in Gulfport last April, and that they had been induced to do so by the presentation to them of a long list of names of prominent physicians in north Mississippi who were said to have signed a similar agreement, and among them the member of the State Board of Health who resided in Oxford. Dr. Cox, in his letter, asked Dr. Bullitt to investigate the matter in-so-much as it applied to myself. Dr. Bullitt, before communicating with me, immediately answered Dr. Cox, for which expression of confidence in my integrity I wish thus publicly to thank him, that in-so-far as it concerned myself it was a lie. Dr. Bullitt, very soon thereafter, showed me the letter of Dr.

Cox, together with his reply. I wrote to Dr. Cox asking for the particulars. He answered immediately. I took the next train for Water Valley.

At my request, Dr. Armstrong kindly notified the profession of Water Valley to meet me at his office. We assembled at 3 o'clock with all present. At this meeting, the facts as outlined above were elicited. Right here I wish to say that there is not a finer body of physicians nor members more loyal to our State Association to be found in the state than these men, and I desire to thank them for the kindness with which they received me, and for their manifest desire to help me place myself right.

Now, I hereby denounce this man Albert Akers as an unqualified falsifier and traducer of character, I never saw the man in my life to know him; never even heard of his name before. He has no agreement of any kind whatsoever signed by me, and I challenge him to produce it. I have entered into no agreement with any man nor with any life insurance company to make examinations for them for a less fee than that set by the Mississippi State Medical Association at its last meeting in Gulfport in April 1907, nor do I intend to do so.

Now brethren, in-so-far as this man is concerned, I am able to take care of myself, but the matter is of the most vital concern to the medical profession throughout the entire country. This man is, no doubt, pursuing the same contemptible method all over the country, and, to my knowledge, many of our best men are being duped by him. Here-to-fore, we have made our fight for justice, and, to some extent, for dollars, but it now becomes a fight to maintain our self respect.

Let it be understood that we are not making war upon the insurance companies, but by all means fair, honorable and just let us stand by the deliverance of our Association, and not be duped into betraying our professional birthright for a mess of insurance pottage.

I would like to say more, but this communication is already longer than I at first intended. You must forgive me for speaking so plainly, but if we allow ourselves to be deluded and imposed upon, by such attempts as in the above instance, and fail to sustain ourselves in this fight, we deserve to be placed in the category of those who are described in Holy writ as deserving the pity of our Lord.

Cordially and fraternally yours,

P. W. Rowland.

WATER VALLEY, MISS., July 12th 1907.

To The Members Of The Mississippi Medical Association And The Profession Generally Throughout The State:

On or about June the 21st 1907 there came into the city of Water Valley one Albert Akers representing himself as a representative of the Mutual Life Insurance Company, New York, from the home office, appointing examiners for said company. Upon false representations he induced Doctors Cooper and Armstrong to sign an agreement binding themselves to act as examiners for the said company at the schedule of fees offered by the company. The said representative or agent showed a list of names to us, claiming that they had all signed an agreement to the same effect, among others he mentioned the name of Dr. P. W. Rowland of Oxford, saying that he had such an agreement signed by Dr. Rowland in his grip at the hotel and that he would produce it if desired. Doctors Cooper and Armstrong accepted his statement as true and did not ask to see the agreement. Under the facts as herein mentioned and on the denial of Dr. Rowland as stated above we do here and now rescind and abrogate our action and refuse to make any examinations for any company except under the resolutions as passed by the Mississippi Medical Association in Convention assembled at Gulfport April 7th 1907.

Signed. S. E. COOPER,
J. C. ARMSTRONG.

We, as members of the Yalobusha County Medica. Society endorse the above and agree to be governed by the action taken by Drs. Armstrong and Cooper in the above statement: S. L. Cox, M. W. Jackson, W. F. Ellard, J. M Whitson, J. H. Schoffner, G. W. Sisler.

OBITUARY.

At a meeting of the Bolivar County Medical Society at Cleveland on the 10th of July 1907, the following tribute of respect was adopted:

WHEREAS it has pleased an all-wise Providence to take from our midst Dr. Jere Gibert, it is hereby resolved by this society that Bolivar county has lost one of its most upright and public-spirited citizens and our medical society a cultivated Christian gentlemen and physician, in whose daily life was exemplified the higher and nobler purposes of our profession.

Resolved further that these resolutions be embodied in the minutes of this meeting, and a copy sent to the family of the deceased, with the condolence of this society, and other copies to the *Mississippi Medical Monthly* and our local papers for publication.

SOCIETY PROCEEDINGS.

Adams County Medical Society has expelled Dr. W. T. Jones of Natchez from its membership, and consequently from the Mississippi State Medical Association and the American Medical Association, for violation of the following clauses of resolutions adopted by the society on March 14th 1907:

Resolved that no member of this Society enter into any contract or agreement, with any corporation, society, association, company, or individual to examine applicants for insurance for any stated salary, or lump sum, thereby evading the spirit and intent of the foregoing resolutions.

Resolved that each member pledge himself, in case a fellow-member be removed from the position of examiner for any corporation or society, solely because of this action of the Medical Profession, that he will not accept an appointment from such corporation or society, as examiner, nor make any examinations for same in Mississippi.

Dr. Jones took this step in April, and after individual members had endeavored to persuade him to relinquish his contract with the N. Y. Life Ins. Co., with no avail, the Board of Censors recommended at a regular meeting, July 11th 1907, that the penalty provided for such conduct, by resolutions adopted by our society November 13th 1906, be imposed. This clause states that a member violating the insurance resolutions "shall be expelled from the society in dishonor."

Bolivar County Medical Society held a business meeting at Cleveland July 10th. The insurance fee subject was discussed and resolutions adopted re-affirming our fidelity to the Gulfport resolutions, and congratulating the doctors of Bolivar county upon their unanimity of purpose in this matter. The society then discussed some cases of illegal practice which were reported. An attorney was selected and instructed to prosecute all such persons, the physicians at each place to get up the evidence necessary. One quack has already been convicted, fined and made to vacate. The Bolivar County Society has hung out the "move on" sign to all such persons.

Covington-Simpson County Medical Society is the name of the latest consolidation. Dr. Alex. Fairley is president,

Drs. C. R. Norman and W. N. Blount are vice-presidents, Dr. H. F. Garrison is secretary. The next meeting will be held at Mendenhall the second Tuesday in September.

Harrison County Medical Society met at Gulfport July 9th with Dr. Rowan, the president, in the chair. Minutes of last meeting read and approved. Those present were Drs. Rowan, West, Hutchens, Carraway, Goss, Fahnestock, Morris, Anderson, Strange, Welch, Folkes, Tarry, Richardson and Carroll. There being no clinics and Dr. Hood, who had a paper, being absent, the president requested those present to discuss some interesting cases which they had had. Dr. Fahnestock related a case of abdominal aneurism which he had seen. This was discussed and then followed a discussion of appendicitis and the operation. On motion the secretary was instructed to notify five members at each meeting to have papers to read at the following meeting, beginning at the first of the roll. This was done to insure having papers at each meeting. On motion by Dr. Folkes the fine for failure to have a paper ready was reduced from five dollars to two dollars. It was also decided that a subject be selected at each meeting to be discussed at the next, and cancer of the uterus was selected as subject for the August meeting. Dr. Folkes moved that the secretary be instructed to write the district attorney in the name of the society and call his attention to various persons practicing medicine without license, and ask him if he would prosecute them if the society furnished data and proof. The secretary was also instructed to write to the other societies in the district asking them to take similar action.

Washington County Medical Society held its quarterly meeting in Greenville, July 3d, at 8 p.m., with Dr. H. R. Miller, president, in the chair. The guests were Drs. H. L. Sutherland of Rosedale, D. S. Humphreys of Greenwood, J. W. Gray Jr. of Clarksdale and C. M. Chilton of Gunnison. Dr. W. L. Howard read a paper on the importance of nose and naso-pharyngeal troubles. No other members of program were present. President Miller having arranged for a banquet the society adjourned to meet on October 2d. and after discussing insurance for a short while went to sup-

per. The society enjoyed at the banquet the presence of Messrs. Robertshaw, McDowel, Hill and H. T. Crosby. Twenty-five of the thirty-three members have signed the insurance resolutions, as have four non-members.

BOOK REVIEWS.

DISEASES OF INFANCY AND CHILDHOOD. Their Dietetic, Hygienic, and Medical Treatment.—A text-book designed for Practitioners and Students in Medicine. By Louis Fischer M.D., Visiting Physician to the Willard Parker and Riverside Hospitals, of New York City; former Instructor in Diseases of Children at the New York Post-Graduate Medical School and Hospital, etc., etc.; Fellow of the New York Academy of Medicine. With 303 Text Illustrations, several in colors, and Twenty-seven Full-page, Half-tone and Color Plates. 979 Royal Octavo pages. Extra Cloth, $6.50, net; Half-morocco, $8.00 net. *Sold only by subscription.* F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

The popularity and the real value of a previous book, on infant feeding, by this author assures the new work a hearty welcome which is justified on intimate acquaintance. As is growing more common in works on pediatrics, more than usual stress is laid on the pecularities of the child as compared with the adult, and the necessity for quick and accurate diagnosis and differences in treatment on account of them. Pathology and bacteriology have been elaborated more fully than is customary, more perhaps than will be needed in every-day work but rendering the book more valuable for deep reference. The illustrations are well-chosen, well made and sufficiently numerous to elucidate the text.

WELLCOME'S PHOTOGRAPHIC EXPOSURE RECORD AND DIARY, Burroughs, Wellcome & Co., 45 Lafayette St., New York. 50 cents.

This small book contains blank pages for recording photographic exposures, a diary for 1907 and a great number of useful suggestions and advice relative to photography. One of the most useful features is the Wellcome's Exposure Calculator, a very simple mechanism for determining the correct exposure under all conditions to secure the best results in negatives. It is recommended to the physician who likes to "dabble" in photography as a most compact and useful collection of helps.

M. H. Bell M.D.

MISSISSIPPI MEDICAL MONTHLY.

VOL. XII.] SEPTEMBER 1907. [NO. 5

*PROPHYLAXIS OF CONSUMPTION WITH SPECIAL REGARD TO PUBLIC BUILDINGS, RAILROAD TRAINS, ETC.

R. E. HIGDON M.D.,

BROOKHAVEN.

This is not a day of miracles, and people are not often raised from the dead, but when we consider that one-sixth of the entire death list is due to tuberculosis, then we realize the very great necessity for taking active measures to prevent the spread of the disease.

To me your chairman has assigned the duty of making some suggestions toward this end, with special regard to public buildings, railroad trains, etc.

The public school is of the greatest potential power, and we scarcely have begun to exploit its possibilities as a factor for the suppression of the White Plague.

A few states have laws to exclude tubercular teachers or pupils from public schools, but in most of those states which have enacted such laws they are not enforced. That the daily contact with tuberculosis in the average ill-ventilated school room by children who are susceptible to the disease is a menace to the health of the community, is a well-known fact. The exclusion of those already afflicted should be insisted on, and requirement made that teachers applying for positions in public schools furnish certificates of health from the state or city health board.

Systematic and correct instruction might be given to all grades, which would give the rising generation a groundwork of practical hygiene of much greater value to them and to the community than many of the "ologies" to which so much attention is given.

If hygiene, including the hygiene of transmissible diseases, were introduced into all the public schools of the country, and given a position of importance at least equal to geography, public lectures and exhibitions with respect to

*Read at a meeting of the Tri-County Medical Society July 23rd 1907, before Mississippi Chautauqua Assembly, Crystal Springs.

tuberculosis would soon be unnecessary, and every individual in the community could be relied upon to protect himself and others from danger of infection.

One of the most important of all measures in the prevention is the education of the community through the public schools. Next in order, we will "handle with care" the churches, but my most devout hearer can but agree when I say that oft-times the ventilation is even poorer than the collection.

Many Sunday-headaches are simply the result of the stifling atmosphere of a poorly or non-ventilated church. Here, too, we find the poor consumptive ill-provided. What steps shall we take? Shall we say not even the church is open to you, the most open of all places?

Or shall we take some steps toward the improvement of such conditions?

Shall we provide our churches with disinfected cuspidors and have them the best ventilated of all public places? I should surely answer "Aye!"

I have seen in churches, hotels and lodging houses, people of by no means the lower or ignorant class as generally estimated, expectorate on the carpet, wall-paper, stairways —careless because these were public property, without a thought of the possibility of danger to themselves or others.

Such being the case, the disinfection of all public places, of rooms in hotels and lodging houses should be required by ordinance and enforced by the board of health.

This should be done, but who can recall the last time the church was given a real, sanitary fumigation? Or who can say when the depot, court house, high school or opera house was thoroughly disinfected?

Speaking of the depot brings us to the subject of railroads and the dangers of travel.

Undoubtedly many people contract tuberculosis while traveling on railroads, and more especially while traveling in sleeping cars. I do not remember an occasion when there has not been in the car in which I have travelled, some one with tuberculosis, and generally a number on the same train.

You will allow me to relate an experience or two which Dr. John R. Haynes of California gave in a paper for the *Journal of the American Medical Association.*

"A year ago when I was crossing the continent, a passenger who bore all the ear-marks of advanced pulmonary tuberculosis, hollow cough, expectoration, emaciation, shallow, rapid respiration and hectic flush, entered the Pullman sleeper. In the morning he was the last to arise, and when the curtains of his berth were removed, I saw that the window at the head of his berth was so covered with sputum that the glass was translucent instead of transparent. He left the car soon after arising and the porter cleaned the window in the perfunctory manner common to men filling his position.

"On returning to my seat after a couple of hours in the smoker I found that a woman and little girl had been assigned the berth just vacated by our tuberculosis passenger, and the little girl was standing on the seat looking out of the window with her face pressed against the pane, and as is the common custom among children, touching it with her tongue and lips.

"On another occasion when I was coming from the East, a man and wife and two children entered our car and occupied the drawing room from which had emerged a passenger so emaciated and feeble that he had to be supported on both sides and whose choking cough all through the night had driven sleep from many of us."

I mention these every-day occurrences to bring to your minds, forcibly, the danger of permitting tuberculosis passengers to travel freely with others.

The state sees and performs wisely its duties in protecting us from the spread of small-pox, cholera, diphtheria, scarlet and yellow fever, the yearly ravages from which are not one-tenth of, and in the aggregate are not equal to, the mortality of tuberculosis.

Why then should it not in certain simple, timely and reasonable ways see its way clear to these more urgent measures!

This matter is of such vital interest and of such widespread importance that, without aid from state and municipal authorities, the profession even seconded by an intelligent public is powerless to stop the spread of this scourge.

We therefore turn, as we have every right to do, to those bodies politic which assure to each and every one of us life, liberty and the pursuit of happiness.

The only question to be asked is how can the state help in this crusade? It can help in the most important and effective ways.

First: by amending the present law pertaining to the hygienic conditions of public schools as follows: that certificates of health be required of all applicants to teach, and said certificate be issued by local health officers only upon proper examination.

Second: systematic instruction of the public school children in the principles and practice of prevention.

Third: legislation to prevent spitting on sidewalks, in street or railway cars, or other places frequented by the public.

Fourth: legislation to compel all houses of public entertainment to provide cuspidors containing disinfectants.

Fifth: to have all passenger cars provided with a necessary number of cuspidors, which shall be cleaned and disinfected at the end of each run.

Sixth: to have sleeping cars, and the rooms of hotels and boarding houses that have been occupied by consumptives, disinfected when vacated, under the supervision of the sanitary authorities.

Seventh: last, but foremost in this battle against the awful enemy, we must have a fort—a state sanatorium

The question of establishing state and city sanatoria is a very complex one. We are already in posession of sufficient scientific knowledge to deal with the problem, there then remains the necessity of public education and the working out of business details.

There has recently been a remarkable change in sentiment in regard to sanatoria. They are no longer looked upon as hospitals or places for people to die, but rather as places where the most can be made of one's chances of cure.

And now that the civilized world recognizes but one cure, one route to recovery, we should have no delay, should leave no stone unturned that would hinder our progress.

This field for philanthropy is unlimited and still how very few of our wealthy citizens there are who endow such institutions. To those of us who are brought in daily contact with those who need and deserve financial aid in order to save their lives, it is a more deserving cause than either

foreign missions or the endowment of colleges or libraries. It deals with the actual saving of human life.

Prevention is a question of education, a gigantic task to be sure, when we consider that the laity, the consumptive and especially the profession must be thoroughly educated.

Civilization must change its entire mode of living if we wish to stamp out tuberculosis, and this great educational crusade must be carried on largely by the profession.

---

*HYGIENIC, DIETETIC AND MEDICAL TREATMENT OF PULMONARY TUBERCULOSIS.

LOUIS D. DICKERSON M.D.,

McCOMB CITY.

That we may appreciate more fully the necessity of treatment in tuberculosis, I invite your attention first to a few statistics as regards frequency of disease and to some steps that are being taken for prevention of its spread. Burkhardt in a very able and comprehensive report, claims that in one thousand two hundred and sixty-two autopsies on adults (over age of eighteen) only one hundred and thirteen were free from the disease—nine per cent. without a lesion—that in one hundred and ninety autopsies on children (under age of eighteen) one hundred and eighteen were not affected—thirty-eight per cent. His conclusions were that the disease is practically universal among people over the age of eighteen. This applies, of course, to tuberculosis in all its forms.

These and similar facts have caused this disease to occupy the public mind of late as no other disease, especially the pulmonary form. Physicians, sanitarians, philanthropists and statesmen have all contributed to arouse public interest.

The first organized movement against tuberculosis in the United States was about fifteen years ago in Philadelphia when the Pennsylvania Society for Prevention of Tuberculosis was formed. We have now sixteen states and the District

*Read at a meeting of the Tri-County Medical Society July 23d 1907, before Missisippi Chautauqua Assembly, Crystal Springs.

of Columbia with such organizations, together with many local and municipal societies, our own state having recently been added to this list.

The work to be accomplished: first, promulgate the doctrine of contagious disease; second, instruct the public in the practical method of avoidance and prevention; third, to visit the tubercular poor and supply them with the necessary materials for protecting themselves against the disease and instruct them in their use; fourth, to furnish the tubercular poor with hospital treatment; fifth, to co-operate with boards of health in such measures as they may adopt for the prevention of disease; sixth, to advocate the enactment of appropriate laws for the prevention of disease.

The fifty-ninth Congress during its first session made provision for an investigation as to the prevalence of tuberculosis among the Indians and the desirability of establishing a sanitarium for its treatment among them. If some of our candidates for higher office would work out some plan of legislation by which we could protect and care for the dying negroes among us, it would to my mind be more profitably spent than so much talk about repealing the fifteenth amendment.

I have in mind at this time one family in which father, son and three daughters died in a very short time of this disease. Had the first case been isolated, a few lives, to say the least, might have been saved. I knew of another family in which three sisters and a step-son of one of them died of the disease in rapid succession, showing its direct communicability.

How much good could have been done the negro race had the Philadelphia Quakeress seen fit to use the million dollars recently added to the already three hundred millions ill-spent tax money, in establishing sanatoriums for the care and treatment of the tubercular poor among them rather than for the education of their youth. But we wander from our subject.

The hygienic treatment of tuberculosis consists mainly in attention to details. Most of us only a few years back, and some even now, advised consumptives to go west, saying little else ; leaving them to work out their own salvation. A few get well, but most of them die. We know now that if we

are careful enough as to detail and can get the co-operation of the patient, we can cure almost all of the incipient cases and a few of those more advanced.

Climate is no longer considered of so much importance in the treatment of tuberculosis. It is not where one lives, but how. Treatment is very much more satisfactory in sanatoria than private practice though patients can be cured in private practice if treated by a well-posted physician, one who will take time to give definite directions and, if on the other hand, the patient has will power, intelligence, etc., enough to carry out instructions understandingly and faithfully.

Dr. Charles S. Minor, of Asheville, N. C., originated a system of class formation among his well-to-do patients which has been followed by Drs. Pratt, Hewes and others in Boston among the very poor, where it has been successful beyond expectation.

The members of these classes bring to each meeting, once a week or oftener, their record books containing reports of the morning and afternoon temperature and pulse, amount of exercise and rest, number of hours spent out of doors in twenty-four (often over twenty), cough, sputum, amount and kind of nourishment, etc., etc. They are weighed once a week, the result announced and a plain talk given on details of treatment, manner of living and a few words of encouragement added. Their lungs are examined once a month.

Owing to time limit, we find it impossible to present in this paper all the details in the management of a case, so we will give only a few of the most important.

Fresh air: the patient should be instructed to spend all of the time possible in the open air; out of doors, and when in doors all of the windows should be kept open. Should sleep with them open, preferably on porch or piazza of second floor. If practical, porch should be on west side that the rising sun may not awaken too early. When the windows are all up the draft is beneficial, being all around one, but when entering from a small opening it will form shafts or pencils and will not benefit patients. A very powerful cold wind should be guarded against. Some people, though having been convinced of the wisdom of exposure to fresh air in the treatment of tuberculosis, are even now horrified

at the idea of a consumptive being out in the damp, raw and foggy weather of a rain storm or having windows up such nights. Just a little snow in the room would do no harm unless the bed is wet by its melting. Most of a beating rain can be kept out without excluding air if the outside blinds are closed.

Exercise: this should be most carefully regulated and is a very important feature of the treatment. Consumptives are very often killed by over exertion. Every case is a study within itself. No cut and dried rule will work in all cases. The stage of disease and general condition of the patient will guide you. Exercise should never be carried to point of fatigue, shortness of breath, producing cough or acceleration of the pulse, nor should it be taken too soon after a hemorrhage.

Rest: the patient should be recumbent most of the time if afternoon temperature is above one hundred; if over ninety-nine, he should sit out without exercise, at first beginning to exercise gradually, walking at first slowly on a level, then gradually increase to hill climbing, later horseback and carriage riding.

Dress: consumptives should dress comfortably; they should avoid the so-called chest protector and the numerous woolen shirts. There is as much variance between physicians and sanitarians as to the most suitable underwear for consumptives as there is the most disputed points in medicine, so again we must suit the individual case. I experimented with Dr. Deimel's linen mesh underwear some years ago and found it sufficient for all seasons in this climate. After becoming accustomed to its use, it produces a pleasant friction on the cutaneous surface, which counteracts quickly the sense of chilliness produced when linen first touches the surface of the body. I would recommend a trial of this underwear. One can protect himself when going out by wearing outdoor garments.

Diet: Dr. Osler says: "As a healing of a tuberculosis process is largely dependent upon the state of nutrition, the question of diet becomes of the very first importance." This being true we must try to impress upon the patient from the beginning the fact that the diet is of primary importance in the treatment, and should the patient at any time become

careless, this injunction concerning diet should be repeated. It should be impressed upon him that his digestive powers are much greater than his appetites indicates. The nutrition of the patient is a fair indication as to the progress of the disease. Milk, eggs, butter and white meats should constitute the diet in most cases, especially those in advanced stages. Fruit and vegetables in moderation. Time of eating and amount at a meal we will not discuss, but suggest that it be left to the intelligence of the physician in charge.

Drugs: we have three indications for their use in treatment of pulmonary tuberculosis. First: tonics to improve the general condition of the patient, thereby increasing the natural resisting power of the system and preventing new inroads of disease. Iron, alcohol and cod liver oil are chiefs among this class. Second: specifics or systemic antiseptics—drugs which when given we hope will produce a condition of the general system antagonistic to the growth and development of the tubercle bacilli and their proteins. It would be a much easier task to mention the drugs that have not been recommended for this purpose at various times rather than those that have. We will, however, mention a few of the most recent. Urea: it is a clinical fact as noticed by many physicians that a gouty diathesis is antagonistic to the progress of tuberculosis. Dr. Harper of England, acting under this conviction, has had no little experience in the use of urea in its treatment and claims for it a specific action quite as marked as that of mercury in syphilis. Nascent iodine is another. Experiments have proven that by the injection of an iodide into the blood of an animal is caused the generation of nascent iodine in the lungs. Several complete cures have been reported from its use; the patient is forced to inhale the fumes of essential oil of turpentine at same time. This treatment requires months and sometimes a year or more to complete a cure. Beechwood creosote in large and increasing doses has for years, and still probably has in this country, first place as a pulmonary antiseptic. Third: systematic treatment; cough, diarrhoea, night sweats, insomnia, etc., are to be met with the usual remedies that the comfort of the patient may be added to, at the same time promoting the good effect of the other agencies.

The " Great White Plague " is abroad in our land,
Thousands from its ravages, annually lie quiet,
Let's we as physicians take our stand,
And check it, with hygiene, drugs and diet.

1. Progressive Medicine, Vol. IX, No. 2.
2. Medical Record, Vol. LXXI, No. 18.
3. Twentieth Century Practice, Vol. XXI.
4. Diet in Health and Disease.

---

*TUBERCULOSIS IN THE NEGRO.

JNO. H. JOHNSON M.D.,
BROOKHAVEN.

Mr. President, Ladies and Gentlemen:—

That the subject under discussion here to-day is of manifold interest to the general public as well as sanitarians and the medical profession, is evidenced by the fact that our Tri-County Medical Society has been accorded a conspicuous place on the program of the Mississippi Chautauqua Assembly.

That we are fully alive to the great and growing importance of this question, is further evidenced by our ready acceptance of the honor and privilege of addressing you.

That it is of vital importance is attested by the fact that probably more scientific research has been, and is being, expended on the study of tuberculosis than all other diseases "human flesh is heir to."

There have been established medical societies, journals, hospitals and sanitariums, devoted exclusively to the prevention and cure of this disease.

Not only is the medical profession engaged in this work, but the laity, realizing the gravity of the situation, are lending their willing assistance towards the suppression of tuberculosis. This is exemplified by the expenditure of large sums of money by philanthropic individuals and organized societies; also the enactment of municipal ordinances and state laws for the better and more rigid enforcement of sanitary

*Read at a meeting of the Tri-County Medical Society July 23rd 1907, before Mississippi Chautauqua Assembly, Crystal Springs.

precautions against the dissemination of this disease.

We have heard to-day able and instructive papers on the various phases of tuberculosis, viz: its infectiousness, prevention and hygienic management, the importance of early diagnosis, etc., and it has been delegated to me to discuss the radical aspect as especially pertains to the negro.

After a study of the death rate among the negro race in the United States, I am thoroughly convinced that he is a factor in the propagation and dissemination of all the infectious diseases, in direct proportion to his numerical strength in a given community.

A more potent reason for this belief is that of personal observation, especially in measles, scarlet fever and small-pox, where I have known epidemics of these diseases to have been scattered and prolonged directly through the medium of negro domestics concealing its existence in their families, either through ignorance of their dreadful import, or possibly through fear of the quarantine and pest house, of which they have a "holy horror." All eruptive diseases to them are measles, and that is insignificant, while small-pox is commonly known among them as "black measles," and they contend only negroes have it.

Those of us who have had opportunities to observe, know that the negro is neglectful of his sick, either through ignorance, carelessness or inability to provide medical attention, but I believe ignorance to be the prime cause.

This is more true of consumption than of other diseases and far more disastrous in its ultimate consequences.

In ante-bellum days consumption was rarely known in the negro, so I have been told by older physicians, ex-slave owners and ex-slaves.

This was not due to any special immunity, as was thought at that time, but to the safeguards thrown around him by his owner.

A comfortable, clean cabin, wholesome food, proper raiment, an honest day's work and early to bed and early to rise, being insisted upon by their master, who fully realized their value as laborers, and that his own prosperity depended upon the physical ability of the slaves.

He is now dependent upon his own resources to provide the necessities of life, and how he is doing this is too well

known in the South for me to dwell upon. Suffice to say that from a happy, contented, healthy slave, he has developed into a vicious, idle and discontented creature, devoid of any of the moral traits characterizing the Caucasian race, deserting agricultural pursuits, congregating in the cities and towns and leading a life that has rapidly sapped his vitality, propagating and disseminating a disease that is becoming so alarming in its prevalence as to make him a distinct menace to the whites of the southern states.

That consumption is prevalent in the negro is known both to the general public and the medical profession. In several instances I have known entire families to succumb to this disease.

In order to satisfy myself more fully on this point, I wrote the health officers of various cities in the North and South for statistics on the number of total deaths in the two races, and from consumption in particular.

The figures I give you are therefore official, and are for the years 1900-1906, inclusive. The death rate I computed from the estimated population as given by the United States Census Bureau 1900-1906.

From the large number of replies to my inquiries, I have selected a few for the purpose of illustration, dividing them into three groups.

First: cities of the south with large negro populations; second: northern cities in which there are large numbers but which do not constitute any considerable proportion of the entire population; and a third group of northern cities that have so few negroes that separate vital statistics were unobtainable. Of the first group I have selected New Orleans, Washington, Baltimore, Atlanta.

Second: New York, Chicago, Philadelphia and Cincinnati.

Third: Milwaukee, Detroit, Newark, N. J., and Allegheny, Pa.

Careful perusal of the following table will, I am sure, convince the most biased mind that consumption in the negro race has assumed alarming proportions.

Average Population, 1900-1906. Average Death Rate From All Causes And From Consumption Per 1000 Of Population For Whites And Blacks 1900-1906.

	WHITES	BLACKS	TOTAL DEATHS ALL CAUSES				TOTAL DEATHS CONSUMPTION			
			WHITES	RATE	BLACKS	RATE	WHITES	RATE	BLACKS	RATE
Washington, D. C.	201,565	91,212	3,424	16.9	2,659	29.2	349	1.7	440	4.8
New Orleans, La.	218,849	81,375	4,260	19.4	2,638	32.4	522	2.3	491	6.0
Baltimore, Md.	448,097	82,739	7,916	17.6	2,632	31.9	814	1.8	388	4.6
Atlanta, Ga.	58,414	38,578	922	15.8	1,090	28.0	79	1.3	126	3.2

	WHITES	BLACKS	TOTAL DEATHS ALL CAUSES				TOTAL DEATHS CONSUMPTION			
			WHITES	RATE	BLACKS	RATE	WHITES	RATE	BLACKS	RATE
New York N. Y.	3,730,806	66,630	70,222	18.8	1,998	30.0	7,919	2.1	349	5.2
Chicago, Ill.	1,839,384	33,262	25,871	14.4	855	26.0	2,689	1.4	178	5.4
Philadelphia, Pa.	1,300,230	66,195	26,581	20.0	1,585	24.0	2,635	2.0	319	4.8
Cincinnati, Ohio	320,278	14,894	5,789	18.0	534	35.8	685	2.1	100	6.0

Average Population, 1900-1906. Average Death Rate All Deaths And Consumption Per 1000 Population For All Races 1900-1906.

	WHITES	BLACKS	TOTAL DEATHS ALL CAUSES				TOTAL DEATHS CONSUMPTION			
			ALL RACES	RATE			ALL RACES	RATE		
Milwaukee, Wis.	301,909	915	4,092	13.5			386	1.27		
Detroit, Mich.	307,977	4,426	4,615	14.7			367	1.17		
Newark, N. J.	259,793	7,272	5,074	18.9			621	2.30		
Allegheny, Pa.	134,233	3,519	2,499	18.0			145	1.00		

The total deaths from consumption in the United States in the census year 1900 was 109,750; whites 87,673, colored including negroes, Indians and Mongolians, 22,077, about one out of every nine deaths being due to this disease. There are annually a number about equal to those killed in battle in both Confederate and Union armies in four years of of war.

In studying the statistics of the races I found that " from 1880 to 1900 there was a decline in the proportion of children for both races in all the Southern States; the decline has gone on in general among the negro population about twice as rapidly as among the whites, and, as a consequence, the proportion of children to one thousand women among the negroes at the present time in two-thirds of the Southern States is smaller than the proportion among the whites." Another item of statistics I find interesting is the infantile mortality, in the year 1900 for the registration area, deaths under one year per one thousand births were whites one hundred and fifty-eight, colored three hundred and seventy one and five tenths.

What is true of these large southern cities, applies to smaller ones with equal force.

In blacks and whites we have the same ratio of deaths from consumption. If it were possible to obtain accurate data from the rural districts of the south, I believe the ratio would still be the same. In reply to my letter of inquiry Dr. E. C. Levy, chief health officer Richmond, Va., kindly furnished me with the following extract from his annual report for 1906 :

" In no direction is the contrast between the death rate of the two races in Richmond more strongly brought out than in tuberculosis. In 1906 there were two hundred and thirty-five deaths from pulmonary tuberculosis (consumption), fourteen of the decedents being non-residents. Of these two hundred and thirty-five decedents, one hundred and two were whites and one hundred and thirty-three colored. The colored population, which constitutes thirty-eight per cent. of the total population, furnished fifty-seven per cent. of all deaths from consumption. The death rate from consumption among the negroes was 4.2 per one thousand and among the whites 1.88 per one thousand.

It is believed that even these figures do not quite present the true state of the case. A large number of the colored decedents are insured in companies which refuse to pay if decedent dies within two years from any pulmonary disease.

This appears to be responsible for some cases of tuberculosis at least, being returned as due to other causes.

The death rate from consumption by races, taken from the census of 1900 in the states that register deaths from causes, and they comprised at that time only about ten of the northern states where the negroes are in limited numbers, was 173.5 whites, 485.4 negroes, per one hundred thousand corresponding population, not quite three negroes to one white. If it were possible to obtain accurate data from the southern states, I am of the opinion that the ratio would be materially increased to the detriment of the negro.

I addressed a communication to the office of the Surgeon General of the United States Army, knowing that both whites and blacks were required to stand a rigid physical examination before being permitted to enlist, and are therefore, presumably, representative types of the races.

As soldiers they are subject to the same discipline, receive the same rations, wear the same clothing and live in like quarters. The reply to my inquiry is the same story. For the five years ending 1905, 4.5 negro soldiers to one white soldier died of consumption. These were United States Army regulars.

Stubbert and Richards of Loomis Sanitarium, Liberty, N. Y., in an article in Sajou's Encyclopedia of Practical Medicine say in regard to races: "Among all aboriginal people when suddenly ushered into the midst of artificial life, consequent upon civilization, and the same be said of animals which the ingenuity of man has succeeded in bringing into captivity, the disease is terribly fatal. One has to but look upon the record the Indian has left behind him, or to go down among the slums of the great cities and see its ravages upon the negro race or to visit the menageries and ask: What limits the captivity of animals?" to see the vast destruction of this disease. In each instance it is the "great white plague" that stares him in the face, a veritable barrier to a sudden transition from a non-civilized into a civilized environment. So fatal is it to the black man of

this country, when living under the influence of city life, that we believe this disease will play no little part in the solution of the race problem that confronts us.

In the second annual report of the Henry Phipps Institute for the study, treatment and prevention of tuberculosis we find this: "The ratio of black to white (*presenting themselves for treatment*) has decreased during the current year. This is strange, and brings to light a social problem worthy of earnest consideration. Every inducement is offered to negroes to avail themselves of the treatment at the Phipps Institute, and there is absolutely no distinction made between the blacks and the whites. In spite of this however the blacks do not avail themselves of the opportunity for treatment. Tuberculosis is exceedingly prevalent among colored people and the mortality among them is very high. They are careless in their habits, not over cleanly, and are therefore a menace to a community unless they can be brought under control and supervision. They now constitute the serving class of our community and are therefore in intimate association with other people."

How are we to reach them so as to be able to teach them preventive measures for their own protection and that of others? Surely the negro is being destroyed for the lack of knowledge, but do we of the south where reside eight million of the total population of ten million negroes in the United States, care to *share* in his destruction? What reason can we assign for the large total death-rate in the negro race from consumption in particular as compared to the white race? The answer to my mind is very simple.

Their ignorance and violation of all the well-known sanitary laws, living in crowded and ill-ventilated quarters (and this applies to the rural as well as city districts), their well-known aversion to personal cleanliness, carelessness of dress, lack of properly prepared food; their general immorality, and in fact, the utter disregard of all the moral and hygienic elements of the white man's civilization, and not as some say to their having been suddenly ushered into civilization of which, I say, they are ignorant.

I again repeat they are being destroyed for lack of knowledge, and their ignorance, owing to the intimate association of the races, is of vital importance to us, accepting as true the

infectiousness of consumption and its alarming prevalence among the negro.

They are practically our only domestic help, often used as wet nurses, and in fact considered indispensable. This condition is, I say, of great concern and will be as serious a problem to solve as the political status of the negro, and far more difficult to unravel—the very fact of his *diseased physical presence.*

Having made a diagnosis, and the prognosis being bad, the treatment must necessarily be vigorous and energetic if we are to accomplish anything for the betterment of the sick man.

But I am afraid the patient will prove refractory if not entirely rebellious towards our efforts to save him.

He must change his entire mode of life, accepting the white man's civilization for the veneer.

How he is to be taught this, and how made to accept it, will have to be worked out by the individual and the organized efforts of those of us who are directly concerned in this vital question by the teaching of plain hygienic and moral truths and the enactment of state registration laws, not only of births and deaths but for all tuberculous subjects, and by the establishment of a state sanatorium for the treatment of indigent consumptives of both races, thereby effecting a cure in a large percentage of those in the incipient stage, and placing those beyond the hope of recovery in such surroundings that they will no longer be a source of infection to those with whom they come in contact.

This I believe can be done effectively. It is not only a duty we owe to the negro but one of the southern white man's burdens of this generation, which he must shoulder for the preservation of the health of his posterity.

According to Royet (*Lyon Medical*, June 2nd 1907) a solution of calcium hypochlorite, of the strength of one per cent., is an excellent topical application for the relief of bites of mosquitoes and, in general, of all insect bites.—*N. Y. Medical Journal.*

*TUBERCULOSIS.

(ABSTRACT OF ADDRESS.)

E. L. McGEHEE M.D.,

NEW ORLEANS, LA.

Importance of early diagnosis. All people may be susceptible to tuberculosis. Though there be a difference in the resistance manifest in the human species it never amounts to absolute immunity.

Against the idea of immunity is not only the fact that one-seventh of all persons die of tuberculosis, but there are old scars made by this disease found in bodies of the victims of other diseases. In certain infectious diseases, after one attack, the patient is immune, as yellow fever and scarlet fever; it is entirely different with tuberculosis, one attack of it, like in erysipelas, influenza or articular rheumatism, predisposes to subsequent attacks. Predisposition may be hereditary or acquired.

The lack of susceptibility may be overcome by: first, continued and increased exposure, and the strongest may fall easy victims and succumb to the disease, as seen in athletes, champion wrestlers and prize cattle; second, excesses of any kind, overwork or dissipation cause a predisposition; third, previous diseases weaken the vital processes of the cells and thereby overcome insusceptibility.

Age is a predisposing cause, lymph-channels in the young are broader and more pervious to the bacilli. Most cases of lupus are in the first decade. One-third of all deaths between twenty and forty are caused by tuberculosis.

In the United States there are one million two hundred and fifty thousand cases and one hundred and fifty thousand deaths each year from tuberculosis. More than two people die each minute from tuberculosis. Three thousand people die every day from tuberculosis.

For two thousand years, at all seasons, in all cities, with all races, this relentless disease has been claiming its victims. If cholera or yellow fever caused five thousand deaths in one state it would be depopulated, panic would paralyze all industries.

*Read at a meeting of the Tri-County Medical Society July 23rd 1907, before Mississippi Chautauqua Assembly, Crystal Springs.

In 1905, there were seventy-nine more deaths in Philadelphia from this disease than from scarlet fever, diphtheria, typhoid fever, whooping cough, croup, cerebro-spinal meningitis, cancer and appendicitis combined.

At the present rate ten million, or one-seventh of the population in the United States now, will die of tuberculosis.

It is the most important economic problem that confronts the American people.

The annual expense of consumption to the people of the United States is placed at $330,000,000.00, aside from the disappointment, suffering and heart aches.

One of the advances of this twentieth century promises to be the suppression of the disease. There is not a shadow of doubt but that consumption can be practically stamped out, as has been typhus fever, Asiatic cholera, yellow fever and small pox.

The civilized world is beginning to know that the causes of many diseases are clearly understood, and well-directed action not only prevents the spread but results in the cure.

The idea that consumption is an incurable disease is still widely prevalent among the people, and another erroneous opinion is that it is inherited, when we know it is contracted from some companion or from an infected house.

There is no reason why any person not advanced beyond the second stage should die of the disease.

Tuberculosis is absolutely *preventable*; without the entrance of this particular germ into a human body that has inherited or acquired a pre-disposition, tuberculosis cannot develop.

The point of departure of the disease and early signs will depend upon the localization of the tubercle bacilli.

It requires generally a year or a year and a half for the tubercle bacilli to multiply and establish new foci before the first clinical symptoms become manifest. Hence the up-to-date life insurance company, that takes a practical monetary view of human life, asks: "Have you lived in a house or been employed in business with a consumptive?"—not: "Of what did your ancestors die?" Though you may not have a sign of the disease you are not eligible for life insurance until two years have elapsed since you separated from the careless tuberculosis companion. Violent symptoms follow

in quick succession in miliary tuberculosis, where the blood channels are invaded, and death may occur in six or eight weeks.

Without the transmission of this germ in some way or other in a living condition from the sick to the well, tuberculosis cannot exist.

This may be indirectly, for in a room occupied by a tuberculosis patient the dust has been shown to contain virulent bacilli for weeks. Sixty per cent. of all cases of tuberculosis can be traced to intimate association with patients or the occupation of houses previously occupied by consumptives, nearly all can be attributed to tuberculosis sputum. The interval of time between the infection and development is so long, six months to two years, that the cause is forgotten when the effect appears. With other contagious diseases the connection is evident, because the period of incubation is short.

Conclusions of the Berlin congress are scientific truths and may be accepted with absolute certainty.

First: tuberculosis is a communicable disease, due to Koch's tubercle bacillus acting on an organism prepared to receive it, or unable to resist the bacilli when present in large numbers.

Second: tuberculosis is not to any extent hereditary.

Third: tuberculosis may be prevented by removing the source of infection, by improving the environment and by strengthening the individual.

Fourth: tuberculosis in many of its seven varieties can be cured, eighty-five to ninety per cent. in the first stage, five per cent. in the third stage.

One of these valuable conclusions should not be stated alone. It is communicable, it is preventable, it is curable.

The drastic measures adopted by Texas are not warranted by scientific or human considerations. An intelligent, conscientious companion is as safe as any one.

It is difficult to up-root the ideas of heredity and incurability of the disease from the public mind.

We are pleased to note that, though the profession since 1881 has known the true cause of the disease, within the past few months an intelligent appreciation of the disease and a reasonable knowledge of the means of prevention are,

through the work of anti-tuberculosis leagues, forcing themselves upon the attention of communities.

We would have the public to know that when a preventable disease, typhoid fever, diphtheria, consumption, etc., destroys life, some one is to blame for it. Seven-tenths of all diseases are from unsanitary surroundings. Much of this is due to ignorance. Our schools are responsible in a large measure for this condition. The curriculum is loaded with much that is of no practical benefit, while really important studies such as physiology, dietetics and hygiene are simply mentioned. As Miss Frances Willard said: "It is a relic of primitive barbarism that children be taught a list of prepositions and the names of the verses in Thibet, but not taught the wonderful laws on which their own bodily happiness is based.

Half of the moral depravity and wickedness of the world grows out of physical disability, the result of ignorance. As Charles Stanly Davis says: "People should begin to realize that to dis-believe in the efficacy and the sacredness of the laws of nature is heresy both spiritual and scientific."

In the words of the Nestor of medicine in the south, Stanford E. Chaille: "Nearly all deaths are caused by ignorance, self-indulgence or crime."

It has been said that "prayer for moral rectitude and an utter ignorance of dietetics and sanitary laws are an absolutely illogical combination." We cannot expect a wholesome view of life from a dyspeptic.

When we remember that eighty-five to ninety per cent. will get well if properly treated in the first stage, and that scarcely five per cent. get well in the third stage, the value of early diagnosis is appreciated.

The length of time required for the disease to manifest itself (after infection) together with the remarkably insidious development, make it a difficult problem. No sudden out-break in a few days from exposure of decisive symptoms as in yellow fever or small pox, but simply impaired nutrition with loss of weight, pallid aspect, lessened appetite and loss of muscular strength, hardly sufficient to attract the attention of patients or others. These symptoms without apparent cause suggest the pre-tubercular stage. If accom-

panied by slight cough, maybe without expectoration, and rapid heart action and difficult breathing on exertion, the conclusion is more just. A careful observation of the temperature will usually show a continued daily elevation of a fraction of a degree or a degree in the afternoon.

The indications of deteriorated constitutional vigor generally occur before any one can positively state that tubercle bacilli exist in the lungs.

Colds that hang on show a certain absence of vitality in the system that should awaken suspicion.

We cannot wait for chest sounds for it is a remarkable fact that these are absent in many cases. Chest-sounds experts agree they cannot be depended upon absolutely to determine the presence of incipient tuberculosis. Nor can the microscope be relied upon in the first stage. When tubercle bacilli are present we have reached the second stage with destruction changes under way. Microscopical examination of the sputum should not be omitted in any suspected case. However, in this second stage, when we can yet expect eighty-five per cent. to get well, the practical physician by means of sounds and resonance of chest has no difficulty in diagnosing the disease.

The tuberculin test which is so valuable in veterinary science in establishing the presence of tuberculosis should be employed in man, for with the opsonic index and careful dosage as recommended by one of Mississippi's distinguished sons, Dr. Evans of Chicago, the possible aggregation of the disease or occasional severe reaction need not deter.

I wish to say the best class of men on earth with more opportunity to do good are the physicians, yet it is astonishing the gross superficiality of many in diagnosing lung disease. To be honest with the patient requires great moral strength. In the years past when there was no hope of cure the physician was justified to with-hold the diagnosis, but not to-day. The help that can be given in each and every case rests upon an easy, correct diagnosis. The average duration of a case of tuberculosis is from two and a half to three years; the first year is the one in which the most good can be done by prompt and efficient treatment.

Not a few cases run a gradually declining course which might have been avoided if only the patient had understood

the real cause of "frequent colds," "slight bronchial trouble," "run down condition" and had given close attention to intelligent treatment.

"The early diagnosis of tuberculosis is a question of supreme importance indeed.

"It is the most important question the physician has to face, for upon a correct diagnosis depends the patient's life, for if the diagnosis is made in the early stages of the disease we can most certainly bring about complete arrest of the disease." The *Golden Words* of C. H. S. Davis M.D.

Hear the words of Prof. M. H. Farrell on detection of tuberculosis in the early stages: "Only a month or a year earlier than a diagnosis would otherwise be made, would be of incalculable value to the human race." This fact alone, it seems to me, must appeal to every practicing physician. It is the family doctor who first sees the case. If he would make, or have made, a microscopic examination of the sputum in every case of continued expectoration, and have the sputum of tuberculosis destroyed, in a few years the cases of tuberculosis in the world would be greatly lessened.

Too often kindness of heart, yet in dereliction of a most sacred duty, the patient is told all sorts of tales, until continued failing health, a progress of physical signs, so that he who runs may read, at last suggests a sputum examination, when the organism is found. Can any one calculate the new cases which originate from such a neglected case, or the value in human life saved by the expenditure of a few minutes of the doctor's busy time?

Tuberculosis in its early stages is as curable as any other serious disease with which medical men have to deal. There is no reason abstractly considered, why any person not advanced beyond the second stage should die of tuberculosis, for there is no necessity for a person dying of any disease that may fairly and justly be considered curable, and amenable to the effect of medicine and hygienic surroundings. The hope of cure rests upon the institution of correct treatment in the incipiency of the disease.

Ultimate recovery is based upon the absolute necessity of an early recognition of the disease and an intelligent cooperation on the part of patient with his physician in simple hygienic measures, which are everywhere obtainable, and

continuance of the treatment for a sufficient time, not discontinue treatment and return to indoor work as soon as the patient gains weight or feels well, for the hopefulness with some patients amounts to a delusion respecting their condition. The diagnosis must not depend on the patient's statement, for he depreciates the symptoms and is reluctant to admit that his malady is serious.

Prevention of consumption is the motto of the Anti-Tuberculosis League. To accomplish this, since it is a disease of the masses, requires the combined action of a wise government and an intelligent people, as well as well-trained, honest physicians. We need physicians who will not only make an early diagnosis, but who will honestly tell their patients when they have the disease, and explain its communicability, preventability and curability, for the benefit of the patients and the safety of their loved ones.

In the words of the great Dr. Nicholas Senn, "If we can interest our government, our people, our educators and the public press in the great movement of abolishing preventable diseases, we can confidently expect the millenium in medicine. The final triumph of scientific medicine will be the suppression of disease."

See what preventive medicine has done for small-pox, hydrophobia and wound infection; surgery has resolved itself largely into prophylaxis. Also for puerperal sepsis, tetanus, malaria, yellow fever, typhoid fever, cholera and bubonic plague.

What victories have been achieved in the recent past. Some of the most dreaded diseases have become powerless before preventive medicine.

The serum-therapy in diphtheria gives hope that all acute self-limited infectious diseases will be robbed of their terrors.

Doctors earn their daily bread by taking care of the sick. The lessening of disease by preventive medicine reduces their income, yet the unselfishness of the medical profession has no equal among other classes of men, and they stand alone as an emblem of charity. The humanitarian spirit which actuates the scientific physician causes him to give time and energy in efforts to lessen human suffering by protecting his patients against preventable diseases, knowing his clientele and income are made less, while his glory as a philanthropist and scientist is rising.

Before the march of prophylactic preventive medicine, tuberculosis, like the above diseases, will soon be forced to retreat. For we know since 1881 the microbic cause and and its method of transmission, though the germs are scattered over the entire inhabitable globe, devastating man since he abandoned his nomadic habits, and war uncompromising has been made upon the tubercle bacilli. The army of consumptives who are sowing these seed by the thousand with each expectoration must be taught to render this germ harmless by simple, inexpensive means; then would these patients be safe companions and the most fruitful source of the disease be destroyed.

Preventive medicine must seek to remove the source of infection; first, by isolation of consumptives who will not destroy their sputum; second, by disinfection of the sputum and infected excreta; third, by sterilization of contaminated milk; fourth, by well-directed war against dust, so often the vehicle of germs; fifth, the disinfection of premises vacated by tuberculosis patients. Then will tuberculosis, like smallpox, yellow fever and diphtheria, be forced to retreat.

---

*SURGICAL ASPECTS OF CONSUMPTION.

C. H. RICE M.D.,

SUMMIT.

When requested by the committee to write a paper for this meeting of our society, this subject was suggested. I was also instructed to remember that the audience would probably be largely non-professional, therefore I have tried to avoid, as much as possible, the incomprehensible language of doctors, and give you some idea of the ravages of this widespread disease.

Very few among the laity know that the lungs are not the only organs attacked by tuberculosis or consumption. They know well the picture of the pale, weak consumptive,

*Read at a meeting of the Tri-County Medical Society July 23rd 1907, before Mississippi Chautauqua Assembly.

with his cough and night-sweats, but they do not know that hunch-back, hip joint disease, cold abscess, white swelling, scrofula and numerous other dread afflictions are due to the same germ that consumes a lung. It is the very lack of this knowledge that helps to spread tuberculosis and brings almost as many cases to the surgeon as to the physician.

By the surgical aspects of consumption we mean those manifestations of the disease which require surgical treatment, and as there is no tissue or organ in the whole body that is immune, you can readily understand that many, many patients drift into the hands of the surgeon, and, more than that, this widespread disease brings a greater variety of afflicted children and adults into the operating room than any other one cause. Investigate the statistics of any hospital and you will find that a large per cent. of all operations are upon patients suffering from some form of tuberculosis. Visit any large hospital and as you wander through the children's ward you will see advanced cases of Potts' disease, or tuberculosis of the spine, that has left its little victims hopeless cripples and hunch-backs. You will see many other pale, beautiful little tots hobbling about on crutches and seemingly weighted down with bandages and plaster casts employed in the surgical treatment of tubercular bones and joints, for this disease, if not checked, can crumble and consume a bone as slowly and surely as it destroys a lung. You walk on down the ward and here and there you may see a little child in bed with its head drawn back, suffering the last agonies of tubercular meningitis.

You pass on now into the female and male wards and there you will see young adults with tubercular glands and perhaps an old lady dying from tubercular bowel trouble. You will see specialists treating patients for the various affections of the eye, nose and throat.

All this may give you a faint conception of the surgical aspects of the great white plague, and what the surgeon as well as the physician has to contend with in waging war against this most destructive of all agents to humanity.

The cause of tuberculosis is a germ known as the tubercle bacillus, and which is so prevalent that every person is almost daily exposed to infection. This germ enters the body

by several routes. The most frequent is by inhalation. It can be ingested with infected food and gain access to the different portions of the body through the lymphatics of the stomach and intestines. It can also be contracted by inoculation. After the germ has entered the body and not being overcome by the natural resistive forces, it begins to thrive and soon a colony is established; and this first lesion is known as the primary focus and plays an important part in the results of the surgical treatment. From this primary focus the germs can be carried by the lymphatics, and sometimes by the blood, to other tissues or organs and establish secondary foci.

When the germs enter the body they may be killed, but if virulent or in large numbers, or if the tissue resistance is low, they multiply and establish an area of chronic inflammation which results in the formation of granulation tissue. The cells of a tubercular focus usually have a characteristic arrangement constituting what are known as tubercles.

These tubercles strongly tend to undergo degenerative changes, due to the destruction of cells by the bacilli.

Sometimes the bacilli may consume all the available food and die or remain latent. If they die, the granulations become fibrous and the part is healed. If they remain latent they are scattered here and there through the encapsulating tissue and may eventually die or become active again if the resistance of the tissue is lowered by traumatism or disease. Usually, though, this degenerative process continues and the tubercle grows and breaks down into tuberculosis pus.

In a rough way, this describes the action of the bacilli upon every tissue or organ to which they may gain entrance. The lungs are the organs most frequently affected but, on account of their structure and vital necessity to life, they have so far been placed beyond the reach of surgical treatment.

Very often, though, the germs are carried from the lungs by the lymphatics and begin their destruction in the bones and glands of the neck, arms and chest, or, in some cases, in the brain and abdominal organs.

It would take too long to mention every organ or tissue that we see affected by tuberculosis, but suffice it to say that no portion of the whole body is safe from infection.

As to diagnosis, it is sometimes very difficult to tell wheth-

er or not a lesion is tubercular. The family history of the patient together with the clinical symptoms, are many times all that is necessary for a diagnosis; but if in doubt a microscopical examination of the pus or infected tissue may show the presence of the the bacilli. If this fails, some of the suspected matter injected into a guinea pig will produce tuberculosis lesions if the bacilli are present. Koch's tuberculin when injected into a tubercular individual produces a characteristic reaction, but as yet it is not generally used in the diagnosis and treatment of this disease.

Treatment: the principles of surgical treatment are simple and amount to about this: remove all or as much as possible, of the infected tissue, drain all pus cavities, then employ rest in bed, forced feeding, fresh air and sunshine, and, when possible, a change in climate.

In cases of tubercular joints, rest is obtained by immobilizing the part with a plaster or liquid-glass cast.

Up to the present time the surgeon has obtained better results than the physician, owing to the fact that he can employ local as well as constitutional treatment, and in many cases, when the lungs are not involved, he can remove all or a part of the diseased tissue, thus ridding the system of a poison that it could not overcome unaided.

Considering the fact that the whole medical profession and part of the laity are organizing in a great effort to prevent the spread of this disease; and believing that our scientific investigators are approaching nearer and nearer to a perfect remedy, I feel that the time will soon be here when there will no longer be any surgical aspects of consumption, for the physician will treat all cases. Even in this day it does not mean that one is doomed because he is a consumptive, and I believe that here in our own climate a good per cent. of patients can get well if they will only let us govern and direct their mode of living.

An ounce of prevention is a pound of loss to the doctor, yet the medical men are working for the sake of humanity and against their own interest with no hope of praise or reward save that the coming generations may be a healthier and stronger people.

*ACUTE MILIARY TUBERCULOSIS.

J. M. CATCHING M.D.,
HAZLEHURST.

The term miliary tuberculosis is usually applied to the appearance of numerous small nodules, about the size of millet seed, and of about a uniform degree of development, in an organ, especially the lungs or brain.

By general miliary tuberculosis we mean the fairly regular distribution of such nodules in all or nearly all of the important organs of the body.

The disease is essentially acute in its onset, accompanied with great constitutional disturbances, and nearly always results in the death of the victim in a time ranging from a few days to many weeks. It must be conceded from the start that miliary tuberculosis is only one of the many forms of tubercular infection, caused by the same bacilli that are now destroying thousands of useful lives throughout the world, and not a distinct disease *per se.*

The etiology of this disease was for a long time poorly understood, many pathologists explaining it in many different ways, but none were able to give a satisfactory explanation as to how the human subject, apparently well or nearly so, suddenly became seriously ill, then died, with acute general miliary tuberculosis, until it was suggested that it was caused by the same bacilli entering the blood or lymph channels and in this way reaching the most remote recesses of the body. However, to explain the sudden onset of this terrible disease we must first admit there is a pre-existing tubercular focus, most commonly in the lungs or some of the numerous lymph glands. This focus must be at, in or very near a large vein, artery or lymph channel; and there must be, sooner or later, an inflammation excited by this presence, an ulceration takes place into the lumen of the blood vessel and discharges directly into the circulating medium thousands of these poisonous bacilli which, carried to distant parts of the body, set up the same pathological condition as were previously in the original focus, and that, too, in its acute form, provided the victim is not completely over-

*Read at a meeting of the Tri-County Medical Society July 23rd 1907, before Mississippi Chautauqua assembly.

whelmed by the poisonous toxins at the first general invasion.

This general infection from, assuredly, an old focus is what is meant, when we speak of general miliary tuberculosis, or galloping consumption. Some writers thought the bacilli grew and multiplied in the blood itself, but, since the microscope and blood stains have been in use, we find it very rare that the bacilli are found in the blood in any considerable number. It is not impossible for one to conceive of a person having only one small tubercular gland situated near one of the larger veins, and while this small focus of infection would have very small visible effect on the general health, still, should it ulcerate and discharge its virus into the vein, the individual would immediately develop general tuberculosis, and possibly die with the disease undiagnosed owing to the suddenness of the onset and the violence of the symptoms.

So it is now an accepted fact that miliary tuberculosis has its origin in tuberculosis of the blood vessels or near them, and only becomes general when the infecting agent invades the circulating blood in sufficient numbers.

When the bacilli enter an artery the distribution of that artery becomes infected. When they enter a vein it is more likely we will have a more general distribution of the bacilli, the whole organism may become infected, and we will have a light or severe attack according to the number turned loose in the blood. Whilst this disease may occur at any age, it seems to occur more frequently during childhood or early youth, for which there is no real satisfactory reason except that the resisting powers of nature are not so well developed, and also that at this age other infectious diseases, which serve as exciting causes, are more common; as measles, whooping cough, broncho-pneumonia, etc. Nevertheless there is no reason why adults may not have the disease if proper conditions obtain.

There is practically no organ exempt from invasion by this form of tuberculosis though the lungs seem to be the favorite situation, principally because when the invasion takes place through a vein or the thoracic duct these organs, the lungs, form the first filter through which the bacilli pass and serve to arrest their pilgrimage to more distant parts of the body.

The symptoms of this trouble are so complex and develop so suddenly that frequently a diagnosis is made only at autopsy; still if the patient had been under constant observation for some time previously, keeping in mind the pathology of this disease, it is possible that a correct conclusion might have been made from the symptoms alone.

The disease is usually ushered in by a chill, followed by a fever of continued type, fast and weak pulse, loss of appetite and every indication of some great, severe septic fever.

This fever is oftener taken for typhoid than any other trouble and it is with great difficulty that a differential diagnosis can be made. If the poison taken up by the circulation is great in quantity, the onset will be overwhelming; if small, the attack will be light. Should there be a second invasion a relapse will occur, and this will continue until finally the grave closes the scene.

As to the pulmonary signs, they are not to be relied upon exclusively though they help us to arrive at a correct conclusion. It is only after a perfect knowledge of the previous history of the case and all the subsequent symptoms that we can with any degree of certainty arrive at a correct early diagnosis.

As to prophylaxis, it is the prophylaxis of pulmonary tuberculosis: cleanliness, fresh air, sunshine and plenty of nourishing food.

As to treatment, it is not within the province of this paper to discuss it. It is, however, entirely symptomatic, supportive and tonic. It is to be hoped that we are near the time when some great mind will discover the hidden mystery, possibly an antitoxin, which will completely disarm the grim reaper, revolutionize the whole treatment of the disease, lift the veil of despair from thousands suffering from the "great white plague" and make countless millions happy.

Receprocity, on the basis of an examination, has been established by North Dakota with Illinois, Iowa, Maine, Michigan, Vermont, West Virginia, Wisconsin and Wyoming.—*Journal A. M. A.*

MISSISSIPPI STATE MEDICAL ASSOCIATION.

COMMITTEE ON PUBLICATION:—E. F. Howard, Vicksburg; H. H. Haralson, Vicksburg; J. F. Hunter, Jackson.

COMMITTEE ON SCIENTIFIC WORK:—E. F. Howard, Vicksburg; S. W. Johnston, Vicksburg; J. W. Lipscomb, Columbus.

SPECIAL COMMITTEE ON LEGISLATION IN REGARD TO APPLICATION FOR LICENSE:—W. W. Crawford, Hattiesburg; J. W. Gray Jr., Clarksdale; E. Wright, Sardis; J. W. Lipscomb, Columbus; H. R. Shands, Jackson; J. W. D. Dicks, Natchez.

DELEGATE TO COUNCIL ON MEDICAL EDUCATION:—W. M. Paine, Aberdeen.

DELEGATES TO A.M.A.:—Jno. Darrington, Yazoo City; alternate W. H. Harrison, Tutwiler.
W. W. Crawford, Hattiesburg; alternate H. M. Folkes, Biloxi.*

COMMITTEE ON MEDICAL EDUCATION:—C. D. Mitchell, Pontotoc; J. A. Dilworth, Aberdeen; N. L. Clarke, Meridian.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION:—J. D. Donald, Hattiesburg; W. C. Spencer, Verona; W. C. Brewer, Columbus; R. S. Curry, Columbus; E. F. Howard, Vicksburg.

SOUTHERN MEDICAL ASSOCIATION.

The Southern Medical Association, the Southern and Gulf Branch of the American Medical Association, comprising Alabama, Georgia, Tennessee, Mississippi, Louisiana, Florida and Kentucky, will meet in Birmingham September 24th, 25th and 26th, under the presidency of Dr. Henry H. Martin of Savannah, Ga. All members of component state medical associations are eligible to membership and the annual dues are two dollars per annum, payable in advance. The work of the Association is divided into three sections—surgery, including general surgery, gynecology and obstetrics; medicine, including materia medica, therapeutics, pathology, bacteriology and hygiene; ophthalmology, otology and rhinology. The meetings will be purely scientific, the association having no jurisdiction, and offer an unusual opportunity for improvement and the interchange of ideas between men who have many interests in common.

The secretary is Dr. Raymond Wallace of Chattanooga, Tenn., who will be glad to furnish further information regarding the coming meeting and the work of the association to any one who may be interested.

MISSISSIPPI MEDICAL MONTHLY.

E. F. HOWARD B.S., M.D., EDITOR AND PUBLISHER.
ASSOCIATE EDITORS
B. B. MARTIN M.D., Vicksburg. H. L. SUTHERLAND M.D., Rosedale.
H. M. FOLKES M.D., Biloxi. M. H. BELL M.D., Vicksburg.

OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

The Tri-County (Pike, Lincoln, Copiah) Medical Society held its regular quarterly meeting at Crystal Springs July 23rd under the auspices of the Chautauqua. The programme consisted of a symposium on tuberculosis, especially arranged for the instruction of the public. In addition to the papers by members of the society, there were addresses by Drs. Frank Jones of Memphis, F. J. Mayer and E. L. McGehee of New Orleans and T. E. Green of New York. The lay attendance at this session was estimated at some five hundred and the audience manifested great interest.

At the business session the delegates were requested to use their best endeavors to secure a called meeting of the House of Delegates of the State Association in the near future, to discuss the insurance situation and take steps to perfect the Gulfport resolutions. A resolution was adopted that no member of the society may make any examination, on any terms whatsoever, for the New York Mutual Insurance Company until Dr. D. W. Jones of Fernwood, who was dropped from its list of examiners for adhering to the Gulfport resolutions, is reinstated. A committee was also appointed to memorialize the Legislature, through the committee on legislation, to establish a state sanitarium for the treatment of tuberculosis.

In order that the scientific features of the meeting may be preserved, the society has undertaken, and pays for, this issue of the *Monthly*, and in order that it may not interfere with the publication of other meritorious papers from other counties, the issue is enlarged to contain the entire proceedings of the meeting. The society is proud of its meeting and feels amply repaid for the extra effort and expense by the interest shown by those who attended and the thought that it has helped in the crusade against tuberculosis. Its only regret is that the addresses of some of the visitors were extempore and that therefore they cannot be reproduced.

TRI-COUNTY MEDICAL SOCIETY.

(Pike, Lincoln, Copiah)

PRESIDENT—D. W. Jones, Fernwood.

VICE-PRESIDENTS—C. H. Rice, Summit; J. W. Bennett, Brookhaven; J. A. Rowan, Wesson.

SECRETARY-TREASURER—W. H. Frizell Jr., Brookhaven.

DELEGATES { D. W. Jones, Pike County.
J. H. Johnson, Lincoln County.
J. M. Catching, Copiah County.

The officers constitute the Executive Committee and the Committee on Program.

Next meeting at Summit, September 10th, 2:30 P.M.

Program Crystal Springs Meeting, July 23rd 1907.

1. Invocation—Rev. Geo. H. Thompson.
2. A System of Hygienic Instruction of the Masses as Pertaining to Consumption—Fred J. Mayer M.D. Discussion opened by O. B. Quin M.D., and J. A. Rowan M.D.
3. Prophylaxis of Consumption with Special Regard to Public Buildings, Railroad Trains, Etc.—R. E. Higdon M.D. Discussion opened by W. W. Robertson M.D. and W. L. Little M.D.
4. Modes of Dissemination and Infection of Consumption—Frank A. Jones M.D. Discussion opened by J. M. Dampeer M.D. and W. H. Frizell Jr., M.D.
5. Importance of Early Diagnosis in Consumption—E. L. McGehee M.D. Discussion opened by J. T. Butler M.D. and E. W. Flowers M.D.
6. Dietetic, Hygienic and Medical Treatment of Consumption—L. D. Dickerson M.D. Discussion opened by A. B. Pitts M.D. and and H. H. Ramsay M.D.
7. Miliary Tuberculosis—J. M. Catching M.D. Discussion opened by S. P. Klotz M.D. and S. G. Wilson M. D.
8. Tuberculosis in the Negro—J. H. Johnson M. D. Discussion opened by D. W. Jones M.D. and J. H. Plunkett M. D.
9. Surgical Aspects of Consumption—C. H. Rice M. D. Discussion opened by Thomas Purser M.D. and I. L. Parsons M.D.
10. Miscellaneous Business.
11. Adjournment.

SOCIETY PROCEEDINGS.

Harrison County Medical Society held its regular monthly meeting at the City Hall in Gulfport August 13th 1907, those present being Drs. Rowan, Folkes, Carroll, West, Morris, Capps, Anderson, Welch, Richardson, Rainold, Parker and Sheely. An interesting clinic was presented by Dr. Welch of Handsboro. The patient, a child, had a heart murmur, anemia, dull expression, adenoids, enlarged tonsils. Dr. Welch was advised to have the tonsils and adenoids taken out and to give the child thymol for hook-worm, as most of the doctors thought these caused some of the symptoms. Dr. Capps now read an interesting paper on beri-beri, the doctor having seen much of this disease on shipboard in Gulfport. The paper was discussed by most of the members. It developed that no one had ever seen the disease on any except Norwegian sailing ships, but no cause was given as to why it is never found on ships of other nationality. Next was an excellent paper by Dr. Carroll of Biloxi, on syphilitic dementia, with report of a case. This was followed by much discussion as to the whys and wherefores of the case, with various suggestions as to treatment of same. Drs. Welch of Handsboro and Strange of Gulfport were unanimously elected as members of this society. Then followed a discussion as to the best means of indicting the illegal practitioners in the county. A letter on this subject from the district attorney was read, after much discussion of which the meeting adjourned.

BOOK REVIEWS.

MANUAL OF DISEASES OF THE NOSE, THROAT AND EAR. E. B. Gleason M.D., L.L.D., Clinical Professor of Otology in the Medico-Chirurgical College, Etc. Flexible leather $2.50. W. B. Saunders Co., Philadelphia.

The preface states that the book is intended to supply students and general practitioners with the essential facts of rhinology, laryngology and otology in as concise a form as possible. The book contains 556 pages and 262 engravings, some of which are very good. In the last part of the vol-

ume some thirty pages are given over to formulæ among which are noted these sovereign remedies: listerine, alphasol, whatever that may be, glycothymolin, lythol, thymozone, alkalol, etc. These are recommended since Dobell's solution, which is far superior in every way to the above, takes three or four days to prepare. This is no reason, since if physicians will call for Dobell's all druggists will certainly keep it on their shelves, and ninety per cent. have it now unless they know the physician is a "proprietary man." The reviewer has never been able to understand why these formularies are so religiously adhered to when publishing a book on nose and throat diseases, feeling perfectly able to write his own prescriptions, but if authors will adhere to them, at least give us those with "sterilized" contents. The text of the book is well-written and clear and fully covers the field as indicated by remarks in the preface. The press work is satisfactory, as usual in Sanders' works. As a book for the student or general practitioner it is heartily recommended—all except the formulary.

M. H. Bell M.D.

INTERNATIONAL CLINICS. A Quarterly Of Illustrated Clinical Lectures And Especially Prepared Original Articles On Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopaedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, And Other Topics Of Interest To Students And Practitioners By Leading Members Of The Medical Profession Throughout The World. Volume II, Series 17, J. B. Lippincott Co., Philadelphia and London. Price $2.00.

The present volume consists of articles on treatment, medicine, surgery, gynecology, pediatrics, neurology and pathology. Vaccine treatment of infectious diseases easily leads the list in interest. Paralysis of oculo-motor nerves in diabetes and an article on the detection of the ova of intestinal parasites in the faeces, the latter illustrated by several beautiful plates, are of the greatest practical interest in the subjects considered under medicine. Under surgery, Dr. Bodine of New York discusses the use of local anesthesia in operating for inguinal hernia and there is an article on asepsis and anti-sepsis. Postpartum hemorrhage, the comparative physiology of menstruation, a consideration of dysmenorrhoea, an article on infant feeding and one on the clinical study of inebriety, the last by Dr. T. D. Crothers, seem to be those of the remainder of most general practical value. The press-work of the book is well up to the standard of preceding volumes, the illustrations being particularly handsome and well-chosen.

MISSISSIPPI MEDICAL MONTHLY.

VOL. XII.] OCTOBER 1907. [NO. 6

*BERI-BERI.

H. S. CAPPS B.S., M.D.,

GULFPORT.

Some years ago, when only a boy not more than eight or nine years old, I went to hear a Baptist missionary preach in the Republic of Brazil. I thought it very strange that during the entire sermon he confined himself to his seat and that not once did he attempt to rise or to stand on his feet. I remember that he seemed to be very weak and debilitated, although he was a fine specimen of manhood, and several times during the sermon he had to stop and rest. He began by saying: "I have preached the gospel to these people as long as I could stand on my feet, and now that I can no longer stand I shall continue to preach to them sitting down."

They told me that this missionary was suffering with a disease called beri-beri, which he had contracted during his journeys through the northern parts of Brazil. The picture of that man preaching from his chair has never left me; and the idea that beri-beri is a disease of hot climate, is very debilitating and effects the lower limbs, was thus impressed upon my youthful mind in a most practical clinic. Little did I imagine at that time that I would afterwards become a doctor of medicine, would locate at Gulfport where I would have cases of beri-beri to treat myself, and would have occasion to study it rather closely from my own clinical experience.

While beri-beri is essentially a disease of tropical countries, it is not without interest to our southern states, and especially to the towns along the gulf and south Atlantic coasts. We are close neighbors to the West Indies and the South and Central American republics, in which countries the disease is epidemic. The opening of the Panama canal will soon put us in touch with the orient and the islands of the Pacific, in which places the disease is also prevalent. Ships are constantly arriving in our ports from tropical countries, with sailors and passengers aboard who are afflicted with the disease and who find their way into our homes, hotels and hos-

*Read before the Harrison County Medical Society.

pitals and demand treatment at our hands. Every physician in the south should be able to diagnose and treat beri-beri as well as our present knowledge of the disease will permit. Several epidemics have already manifested themselves even in our semi-tropical climate. I refer to the outbreaks mentioned by Osler, in the insane asylums of Tuscaloosa, Alabama, and Little Rock, Arkansas. It is probable that we shall have to deal with the disease rather more extensively in the future than we have in the past, unless our sister republics of South and Central America and the countries of the orient shall find, in modern science, some means of stamping it out.

What is beri-beri? To what class of disease does it belong? What are its effects, both temporary and permanent, upon the patient? How are we to recognize and treat it when we come across cases in our practice? These are questions that I will now attempt, in a brief way, to discuss.

The true nature of beri-beri has not yet been determined and what knowledge we have of the disease is due principally to the studies of the Dutch and German physicians in the colonies, and the Japanese physicians in our own country.

There are two theories in regard to its origin. First, it is claimed to be a disease of mal-nutrition and closely allied to scurvy. As a matter of fact, it occurs epidemically on board vessels (especially Norwegian sailing vessels) and in prisons and asylums where conditions of over-crowding, poor food and bad hygiene prevail. This view was held principally by the earlier Japanese investigators, and the improvement in the sanitary conditions and diet has almost completely eliminated the disease from the Japanese army and navy, where it once prevailed to an alarming extent.

The same can hardly be said in regard to the Norwegian sailing vessels. Every year the Norwegian government becomes more stringent in regard to the diet and sanitation on board its vessels. Still, the disease is just as common on these vessels as it was ten or twenty years ago. In fact hardly a Norwegian sailing vessel comes into port, but has at least two or three cases on board.

The following items and quantities of food are now required, by law, for each sailor on board the Norwegian vessels: first, hard bread, three days in the week, five hundred grams per day; second, soft bread, three days in the week, seven hundred and fifty grams per day; third, salt meat, two days in the week, six hundred grams per day; fourth, canned meats, two days in the week, three hundred and fifty grams per day; fifth, fresh meat, while in port, three days in the week, at least, one pound per day; sixth,

salt fish, one day in the week, one pound per day; seventh, cod fish, one day in the week, one pound per day; eighth, butter, one pound per week; ninth, marmelade, one pound per week; tenth, sugar, three hundred grams per week; eleventh, coffee, two hundred and twenty-five grams per week; twelfth, tea, twenty-five grams per week; thirteenth, flour, one thousand grams per week; fourteenth, potatoes, three thousand grams per week; fifteenth, canned vegetables, one hundred grams per week; sixteenth, dried fruit, one hundred grams per week; seventeenth, peas, beans, barley and rice, of each one-half liter per week; eighteenth, lime juice, two tablespoons per day; nineteenth, fresh water, at least thirty-five liters per week. This is the mimimum amount of rations allowed on board these vessels, and the sailors can compel the master, by law, to furnish these articles in the amounts given.

Just what part diet and hygiene plays in producing this disease, I do not believe is yet understood. Probably it is about the same in all epidemic and endemic diseases; that is, they are predisposing causes.

Second: it is claimed to be an infection, and in this respect is closely allied to malaria, typhoid and yellow fevers. This, I believe, is the most modern view of the subject and is accepted by the most prominent physicians of to-day. Ogata of Tokio claims to have discovered a bacillus. Pekelharing and Winkler of Germany claim to have discovered a micrococcus. Neither of these have yet been confirmed. Probably, sooner or later, a bacterium of some description will be found to be the exciting cause of the disease.

Authorities are not agreed as to its contagiousness. Tyson says: "It is transmissable from individual to individual"; Anders says: "It is not certainly contagious"; Osler says: "It is probably not directly contagious". I believe that Osler is right. In my own experience, sailors suffering from beri-beri, when removed from one ship to another, do not communicate it. Sailors suffering from beri-beri, when brought ashore, do not comunicate the disease to persons on shore. Sailors suffering with beri-beri, when removed to a hosptal, do not communicate the disease to other inmates of the hospital, nor to the nurses or the physicians.

With my present experience I must say that I believe the disease to be infectious, but not contagious, endemic and epidemic in certain localities. To illustrate this I have the following case to report: On June 27th 1907, the Norwegian bark "Edderside" arrived in this port. The captain, immediately upon his arrival, consulted me for pains and swelling of the lower limbs, which he thought were due to some kind

of rheumatism. About two years previous to this the same ship had left Ship Island, which is about fourteen miles from Gulfport, near the entrance of the channel, loaded with a cargo of lumber, and bound for Buenos Ayres. When out at sea, in mid-ocean, about a week or two after leaving Ship Island, the crew were taken down, one by one, with a terrible outbreak of beri-beri. Every one of the crew had it, including the captain himself, who is now at home and has not yet recovered from the effects of this attack. Many of the crew died on board and the ship was obliged to put in at Bahia on the eastern coast of Brazil for medical attention. Either at Bahia or Buenos Ayres the rest of the crew were changed and the present captain put in command. The ship was never disinfected or fumigated, and the new captain was the first to contract the disease on beard, although he declares that he was never sick before in his life. He is the only one of the present crew to contract the disease so far, and has now nearly completely recovered under my treatment. All symptoms have entirely dsappeared and the only thing that he complains of is a little weakness in his legs.

The disease was probably first discovered in China and, according to Osler, is mentioned in the oldest treatises on medicine. It is certainly strange that it should have existed for so many centuries, and yet so little be known of its nature and origin until very recently. The English physicians of India were perhaps the first to contribute anything definite to our knowledge of the disease. According to Osler, the first mention of it in modern times is found in Malcolm's monograph published in Madras in 1835. In 1888, after the opening of Japan, the German physicians, especially Baelz and Schaube, studied it in the orient. About the same time, the Dutch physicians were studying the disease in the colonies. In 1899 Pekelharing and Winkler claim to have discovered their micrococcus, and about the same time the Japanese, especially Tokage and Ogata, contributed still further to our knowledge. In 1896 Roll made his studies, on board the Norwegian ships, and claimed that the infection was transmitted through the water. In 1895 there was probably an outbreak in the insane asylum at Little Rock, Ark., and in 1896 there was another outbreak in the asylum at Tuscaloosa, Ala., which was observed by Bondurant and described in the *New York Medical Journal* in 1897. There were several outbreaks in the Richmond asylum at Dublin in 1894, 1896 and 1897. At present it is epidemic in most tropical countries, especially in the Malay Archipelago, the Dutch East Indies, the Philippine Islands, China, Japan, some of the West Indies and the trop-

ical countries of South and Central America. It may appear epidemically and sporadically in this country at any time. In my own practice I have at least thirty or forty cases each year, almost exclusively on board Norwegian sailing vessels. I do not remember having seen a case on a steamship or on board a vessel of any other nationality.

It is remembered that beri-beri is essentially a multiple peripheral neuritis, both endemic and epidemic, probably non-contagious but infectious in character. It is characterized by pains, edema or atrophy, paraesthesia, anesthesia, dropsy or atrophy, loss of reflexes, electric reaction or degeneration, especially in the lower limbs. This is accompanied by general debility, anemia, wasting of the muscles in different parts of the body, palpitation of the heart, shortness of breath and occasionally pains in the abdomen.

Patients generally come to me complaining of pains, weakness or heaviness, a tingling sensation or paraesthesia, anesthesia, and dropsy or atrophy of the lower limbs. Occasionally palpitation of the heart and shortness of breath will be the predominant symptoms. They will hardly ever consult a physician until dropsy or atrophy occurs, when they become alarmed and believe they have some fatal kind of rheumatism or kidney trouble. They are very loath to believe the physician's diagnosis of beri-beri and prefer to make their own diagnosis. This is because they have such a horror of the disease. It has been pictured to them as being more fatal than yellow fever or bubonic plague. The captains are also afraid that it will point to a neglect, on their part, to provide the proper food for the crew. One of the very first symptoms I have noticed is an impairment of the circulation of the lower limbs. This may develop before, or along with the pains and paraesthesia and anesthesia. The blood seems literally to dry up in the vessels, and this condition of stasis is soon followed either by dropsy or atrophy.

There are four different forms of the disease which are easily recognized by the predominant symptoms. First, the mild or rudimentary form, characterized by a mild degree of the general symptomatology; i. e., pains, paraesthesia, anesthesia and weakness of the lower limbs, together with general debility. Neither dropsy, atrophy nor palpitation are present to any considerable degree. All of the other forms begin first as the rudimentary, and many of these cases are never diagnosed at all. Second, the wet or dropsical form, characterized by great edema of the legs or effusion into the serous cavities. There is also considerable palpitation of the heart and shortness of breath. This is the most common form

with the exception of the rudimentary. Third, the dry or atrophic form begins as the rudimentary but is soon characterized principally by atrophy and wasting of the muscles. There is practically no palpitation nor edema. This form is also not very common. Fourth, the cardiac or pernicious form, which is soon characterized by severe cardiac symptoms; i. e., palpitations, shortness of breath and weakness. There may be also considerable pain and edema. This is the rarest and most fatal of all. With this form I have no experience. It is my opinion that most of the cases die at sea before reaching land, when contracted on board of vessels. The majority of my cases have been of the rudimentary and dropsical forms, although I have had quite a number of the atrophic form.

The prognosis as a rule is favorable. The mortality, according to Osler, is from two or three to forty or fifty per cent. This will depend largely upon the different forms and hygienic surroundings. The cardiac or pernicious form is the most fatal, and death may result in this form within a few hours. The wet or dropsical form is the next in order of fatality. The atrophic form is moderately fatal, while the rudimentary form rarely ever produces death so long as it remains as such. In my own practice I have had no fatalities. This is due, perhaps, to the fact that I have had none of the pernicious form to treat. This disease may be acute, sub-acute or chronic. Recovery sometimes is very slow, and the after effects may last for years. Captain Hansan of the Norwegian bark, "Edderside", mentioned above, is still at his home in Norway suffering from the effects of beri-beri, contracted on board his vessel two years ago. As nearly as I can ascertain, he is now affected with some disease of the brain, probably a cerebro-spinal sclerosis or some form of dementia, as a sequel of beri-beri. A further study of the disease might still reveal other sequelae which are not recorded in our text-books.

Osler says: "In tropical countries, there is rarely ever any difficulty in diagnosis." Tyson and Anders do not mention the diagnosis at all. Butler, in his Diagnosis of Internal Medicine, says: "In patients living in, or just from the tropics, the occurrence of general edema with evidence of multiple pheripheral neuritis will suffice for the diagnosis." This in a general way is true, especially if we find more than one person affected in the same locality. In my practice, however, a good deal of confusion arises, owing to the fact that a greater part of the men on board ships have at some time or other been affected with rheumatism, syphilis, alcoholism or other diseases which would obscure the diagnosis. The diseases which

are most liable to be confused with beri-beri are scurvy, progressive muscular atrophy, other forms of peripheral neuritis and tabes dorsalis.

Scurvy will be differentiated by the blue, spongy and bleeding gums, sub-cutaneous hemorrhages, absence of the pains and edema of beri-beri, and by the test treatment with lime juice.

Bright's disease may produce edema of the face and extremities, but lacks the characteristic pains and paraesthesia of beri-beri. Furthermore, the examination of the urine reveals the presence of considerable albumin and casts.

Chronic rheumatism gives a history of repeated attacks of acute rheumatism and affects principally the joints. The pains are paroxymal and influenced by meteorological conditions. There is an absence of the anesthesia, loss of reflexes, edema and atrophy characteristic of beri-beri.

Progressive muscular atrophy may similate the atrophic forms of beri-beri, but the muscular atrophy is much more rapid and intense. There is no disturbance of sensation or of reflexes in this disease, while in beri-beri they are among the first symptoms. In progressive muscular atrophy the wasting begins in the hands and shoulders and involves certain groups of muscles, while in beri-beri the atrophy begins in the lower limbs and is more symmetrical. The history will generally clear the diagnosis.

Other forms of multiple peripheral neuritis are somewhat more difficult to differentiate. They can only be distinguished from some forms of beri-beri by the history and circumstances. There is always a definite cause for these forms of multiple neuritis; principally syphilis, alcoholism, malaria, exposure to wet and cold, use of certan poisons and minerals, and they may be sequelae to the infectious diseases. The edema and history of beri-beri are lacking, especially in the endemic and epidemic characters. They occur only in isolated cases, while beri-beri affects others in the same locality.

Tabes dorsalis or locomotor ataxia is also one of the hardest diseases to differentiate. There is nearly always a history of syphilis or alcoholism. Its course is progressive and it does not yield to treatment, while beri-beri is stationary and yields fairly well to treatment. Weakness, edema and atrophy are very slight in tabes, while they are pronounced symptoms in beri-beri. The Argyll-Robertson pupil, girdle sensations, lightning pains, gastric crisis, paralysis of the sphincters, the ataxic gait, Rhomberg's sign and trophic changes in the joints, are all characteristic of tabes dorsalis. Paralysis is not a characteristic of beri-beri, although in some cases there may

be a paresis of the lower limbs with the gait of multiple neuritis.

The treatment is prophylactic and curative. The prophylaxis consists in an abundance of nutritious food, especially the proteids and albuminoids, and pure water, as well as attention to over-crowding, bad ventilation and want of cleanliness. At present I do not believe that isolation is necessary, as its contagiousness has not been established. In my experience I have seen nothing to warrant it. I believe, however, that disinfection and fumigation might prevent the disease from recurring, especially on board vessels and in asylums and prisons.

The curative treatment consists first of all in a complete change of diet and, if possible, removal from the infected locality. The chief indications are to eliminate the toxins and build up the patient; in acute cases stimulants and analgesics may be necessary. For this purpose purgatives and tonics are the drugs to be relied upon. Tyson says: "The treatment calls for removal of the cause by disinfection, or removal of the patient from the infected locality." He also advises heart tonics, such as digitalis, strychnine, strophanthus and caffeine. Anders says: "The treatment is almost exclusively hygienic", and the only drug that he mentions is strychnine. Osler advises the use of the salicylates and free purgation. He also mentions blood-letting. How this could be of value I cannot tell. I certainly would be afraid to try it on my patients. The following is the original prescription of St. Helena, used by the English government on the island, and is carried on board many vessels:

℞

Tinct. Ferri,	- - - -	℥viii
Tinct. Digitalis,	- - - -	℥viii
Potass. Citratis,	- - - -	℥xii
Acid Citric.,	- - - -	℥xii
Glycerin.,	- - - - -	℥vi
Spt. Ether. Nitrosi,	- - -	℥vi
Aquae Menth. Piperitae,	- *q.s. ad.*	Ov

Sig.: Tablespoonful three times a day.

I have used this prescription several times in my practice and have seen no improvement whatever from it. In cases with a weak heart and small rapid pulse, I believe that digitalis is indicated. In cases of anemia, the iron would certainly be indicated. The acetate of potash and spirit of nitrous ether are only indicated in the dropsical form, and in these cases I believe that purgatives are of more value. I have also tried the salicylates recommended by Osler, and

have seen no benefit from them. In acute cases, however, where there is a great deal of pain and probably some temperature, I believe that they would be of service. In these cases, however, I would prefer aspirin.

The following is a prescription used in the hospitals at Bahia on the eastern coast of Brazil, where the disease prevails extensively and is endemic:

℞

Tinct. Strophanthi, - - -	℥iss
Tinct. Nucis Vomicae, - - -	℥iiss
Tinct. Ferri Perchloridi, - -	℥iiss
Potassii Acetatis, - - -	℥iv
Spt. Etheris Nitrosi, - - -	℥v
Aquae Menth. Piperitae, *q.s. ad.*	℥xvi

Sig: Teaspoonful three times a day.

Here strophanthus and nux vomica are used instead of the digitalis in the St. Helena prescription. The citric acid is omitted and the other ingredients are about the same. I have never used this prescription, but some of the captains who have used it at sea report good results.

The following is another prescription used extensively by some of the other South American countries and in the hospitals at Buenos Ayres:

℞

Tinct. Digitalis, - - - -	gtt. ii
Ferri et Ammonii Citratis, -	gr. ii
Acid. Citric., - - - - -	gr. x
Magnes. Sulphatis, - - -	gr. x
Potass. Acetatis, - - -	gr. xv
Glycerin., - - - -	gtt. x
Aquae Menth. Piperitae, - *q.s. ad.*	℥i

Sig.: Two drams three times a day.

In this prescription the citrate of iron and ammonia is used instead of the chloride of iron, and magnesium sulphate is added. The rest is identical with the St. Helena prescription. I have not used this prescription and do not see any advantages in it over the St. Helena prescription, except that the citrate of iron and ammonia might be a better way of administering the iron. As to the magnesium sulphate, I prefer to administer the purgatives separately.

To conclude, in acute cases I would use free purgatives, consisting of calomel and salines, and the salicylates or aspirin; probably also strychnine, strophanthus or digitalis, wherever these are indicated, and order the proper diet.

In the sub-acute and chronic cases I have found the following treatment very satisfactory: as soon as the diagnosis

is made. I give the patient a calomel purge, which is to be followed with a saline every morning until the bowels are thoroughly cleansed. This will aid in eliminating the toxins, and also arouse the secretions, which are always more or less stagnated. I now put the patient on a nutritious diet, rich in nitrogen, and specify plenty of fresh milk, plenty of fresh eggs, plenty of fresh meat and some fresh vegetables. I then administer strychnine and iron as a tonic. The elixir of iron, quinine and stychnine has proved very useful in my hands. If there is much atrophy, I prefer to give strychnine nitrate hypodermically, for a few days, in the atrophic parts, and then follow it with strychnine internally. Besides its effect upon the heart and circulation, I believe that strychnine has some influence upon the degenerated muscles and nerves. In more obstinate cases I am in the habit of adding warm baths, or ordering hot and cold douches, and appying massage and electricity. The following report will show the success of this line of treatment: On Feb. 23rd 1907, the Norwegian bark "Staut" arrived in this port. There were three sick sailors on board and I was immediately called to see them. After a thorough examination I made a diagnosis of beri-beri. Two were of a mild type and after a few days they were paid off and reshipped on another vessel. One of them, Chris. Christienson, was absolutely unable to stand upon his feet, and the atrophy had progressed to such an extent that he was a mere skeleton. The muscles of his legs especially were almost completely destroyed.

I immediately put him upon the treatment outlined above, and at the end of the first week he was able to stand upon his feet and walk around holding on to the sides of the ship. At the end of the second week he was able to walk about the ship with a stick; and at the end of the third week he was able to walk without the stick. About this time, the ship being loaded and ready for sea, I had him removed to the King's Daughters' Hospital, of this city, where he was kept under the same treatment and continued to improve rapidly. At the end of two more weeks he was able to wait upon the other patients at the hospital. After four weeks residence at the hospital he was discharged as cured.

When the atrophy is very extensive it may be several years before the patients are able to do any hard work. They are generally weak and anemic long after all of the symptoms disappear. When all other means have failed, I order the patient to be removed to a cold, dry climate, and often this alone will effect a cure in the most obstinate cases. Our knowledge of the disease is still limited, and there are a great

many things yet to be determined, but under the proper diet and treatment, it is surprising how rapidly some of these cases recover.

---

*THE TRYPSIN TREATMENT OF CANCER, WITH ESPECIAL REFERENCE TO CARCINOMA OF THE CERVIX UTERI.

L. B. HUDSON M.D.,

HATTIESBURG.

The subject of trypsin treatment of cancer is one that does not permit of a very exhaustive discussion, but I will endeavor to give you a few facts and figures gained from investigation on the subject.

As we all know, trypsin is a ferment, one of the ferments manufactured by the pancreas. The function, as we know, is to convert proteids into peptones. The trypsin used for therapeutic purposes is obtained from the pancreas of the sheep, and is prepared aseptically in sealed tubes, or ampoules, containing from fifteen to twenty minims each.

The method of using is simple, yet important, for it is very prone to produce sloughing and abscesses. Usually, five minims are given as the first injection, and daily injections, increasing one minim each day, up to about thirty minims for three or four weeks.

Beard says: "After a few preliminary injections of small amounts, (half an ampoule, i. e. seven and one-half minims of the injectio trypsini) the course should be: 1st—Injectio tripsini daily, up to two ampoules for three or four weeks.

2nd—One ampoule of injectio amylopsini on the next day, and so on alternately for about four weeks or longer, in the judgment of the physician."

He further says: "The injecto amylopsini, therefore, is meant to replace the injecto trypsini in the later periods of the treatment, and also even from the start to meet any bad symptoms, such as nausea, vomiting, pain in the back, drowsiness, albuminuria, high arterial tension, edema, etc. If using this injection, any injection be still not well borne, the injection should further diluted and given more frequently, so that the total amount is not thereby diminished. It is easy enough to kill every cell of cancer with injections of trypsin, but for its removal, and to prevent the formation of

*Read before the Perry-Green County Medical Society.

poisonous products, injections of the diastatic ferment of the pancreas glands, amylopsin, are absolutely necessary".

The place of injection of trypsin or amylopsin is more or less arbitrary. Usually, the thicker parts of the skin, such as the lumbar or gluteal regions and in the arm. The asepsis must be complete; the needle should be sterile; the part thoroughly cleansed with soap and water and alcohol. The injection should much deeper than the ordinary hypodermic—well into the subcutaneous tissue—of course avoiding any blood vessel or nerve trunks. The injection is quite painful, and it is well to prepare your patient for the ordeal by impressing upon her the importance of her standing the treatment well, for it will be a long course.

The question has been asked as to whether the trypsin should be injected directly into the growth itself. I have never seen or heard of it being done. The trypsin is taken up by the blood, and acts upon the cancer cells, no matter in what part of the body they may be.

In explaining its action, John G. Clark of Philadelphia says: "In the nature of things, in the cancer ferment (malignin) and in trypsin, we have an antithesis of ferments, of which the latter is the more powerful. For reasons which cannot be entered upon now, it appears to be certain that the action of trypsin upon the cancer cells is to pull down the cancer albumin (a living substance) and the cancer ferment (malignin) produced by this".

Beard makes the claim that in experiments on mice he has found in trypsin a substance which will destroy the cancer cell with ease, and without danger to the individual.

Luther, in his article in *New York Medical Journal*, February 23rd 1907, after using Beard's treatment in a series of cases, makes a preliminary report, and concludes it is the concensus of opinion of all those who have applied for treatment, that whatever else the treatment may do, it certainly does, in most cases, cause: 1st—An arrest or shrinkage of the growth; 2nd—improvement in the general health; 3rd—diminution in the discharge, and a decrease of fetor, except in those cases where sloughing occurs.

Morton has tried the trypsin treatment in thirty cases, hospital and private; two cases of severe face cancer are cured to-day. A cancerous breast has undergone degeneration and atrophy, and final and curative obliteration has been microscopically demonstrated. All cases have been benefitted. Enlarged glands associated with cancer have rapidly diminished in size under trypsin treatment.

I have communicated with Dr. J. J. Wymer of New Or-

leans, who I know has been doing some good work along this line, and in reply he has furnished me with a report of four of his cases, treated in the Charity Hospital, and I give them to you just as he gave them to me.

"Case 1—Inoperable carcinoma of the cervix, broad ligaments, tubes, ovaries and pelvic tissue; infiltration so extensive that an operation was not deemed advisable. Patient had been confined to bed for a long time, and had had decubitus ulcers, terrible hemorrhages and excruciating pain. She was transferred from ward 43 to ward 42, which was done for a resting place where the patient could wait the end, which was not considered far off. I began trypsin injections on the 2nd of January, and after ten injections of the drug the patient was relieved of all pain and was enabled to rest very comfortably; the hemorrhages ceased, the discharge lessened and the appetite of the patient began to return. On the 18th of the month, she was allowed to get out of bed, and since that time she has been improving continuously. She has been taking the drug hypodermically every day since, alternating with amylopsin, one ampoule at a dose, and while I cannot say that I expect a cure, the relief of the pain and the cessation of other symptoms certainly justifies the use of the treatment in hopeless cases. Microscopic examinations of a section of tumor before treatment verified the diagnosis of carcinoma.

"Case 2—The same diagnosis sustained by the microscope and undergoing the same favorable progress.

"Case 3—Diagnosis same, but treatment was abandoned because of failure to ameliorate any of the symptoms, which continued with increasing severity.

"Case 4—Diagnosis same, except that the origin of the growth was in the rectum and had infiltrated the cervix, vagina, etc. Treatment abandoned on account of failure to do good."

From these cases we see that Dr. Wymer's results are fifty per cent. for doing good. I, personally, know of only one case in my service in the hospital in which treatment by trypsin injection was tried. I examined this patient in the gynecological ward and found the entire vaginal vault infiltrated with a cauliflower growth. She suffered no pain, but was bedridden, very weak and anemic from a foul discharge and frequent hemorrhages. Under advisement from Dr. E. S. Lewis, she was transferred to a surgical ward and trypsin injections begun. This was about a month before I left the hospital, and when I left she had improved to such an extent that she was up and about, and able to scrub the ward.

In conclusion I wish to state that I do not claim to be an enthusiastic advocate of trypsin as a curative or palliative remedy for cancer, for I have really had no personal experience with its use, but I have merely investigated the subject for its own merit and hope that after its use passes out of the experimental stage we will have a remedy that will prove beneficial, not only as a palliative remedy, but as a curative one to the unfortunate sufferers from all forms of malignant growths.

MISSISSIPPI STATE MEDICAL ASSOCIATION.

PRESIDENT:—R. S. Curry, Columbus.

VICE-PRESIDENTS:—H. R. Shands, Jackson; T. F. Elkin, Tupelo; R. D. Sessions, Natchez.

SECRETARY:—E. F. Howard, Vicksburg.

TREASURER:—J. F. Hunter, Jackson.

COMMITTEE ON PUBLICATION:—E. F. Howard, Vicksburg; H. H. Haralson, Vicksburg; J. F. Hunter, Jackson.

COMMITTEE ON SCIENTIFIC WORK:—E. F. Howard, Vicksburg; S. W. Johnston, Vicksburg; J. W. Lipscomb, Columbus.

SPECIAL COMMITTEE ON LEGISLATION IN REGARD TO APPLICATION FOR LICENSE:—W. W. Crawford, Hattiesburg; J. W. Gray Jr., Clarksdale; E. Wright, Sardis; J. W. Lipscomb, Columbus; H R. Shands, Jackson; J. W. D. Dicks, Natchez.

COMMITTEE ON MEDICAL EDUCATION:—C. D. Mitchell, Pontotoc J. A. Dilworth, Aberdeen; N. L. Clarke, Meridian.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION:—J. D. Donald, Hattiesburg; W. C. Spencer, Verona; W. C. Brewer Columbus; R. S. Curry, Columbus; E. F. Howard, Vicksburg.

CHAIRMEN OF SECTIONS.

ELECTRO-THERAPEUTICS:—C. D. Mitchell, Pontotoc.
NERVOUS DISEASES:—J. R. Tackett, Meridian.
EYE, EAR, NOSE AND THROAT:—M. H. Bell, Vicksburg.
OBSTETRICS:—J. W. Eckford, Starkville.
GYNAECOLOGY:—C. E. Catchings, Woodville.
MATERIA MEDICA:—W. H. Frizell Jr., Brookhaven.
VENEREAL DISEASES:—W. F. Scales, Macon.
BACTERIOLOGY:—L. C. Feemster, Nettleton.
HYGIENE:—G. Baskervill, Winona.
MEDICINE:—D. W. Coker, Tunica.
TUBERCULOSIS:—P. W. Rowland, Oxford.
SURGERY:—J. E. Davis, Columbus.
DERMATOLOGY:—W. S. Cranford, Laurel.
PEDIATRICS:—A. G. Payne, Greenville.

*Appointed in place of H. B. Powell, Ocean Springs, who is ineligible.

MISSISSIPPI MEDICAL MONTHLY.

E. F. HOWARD B.S., M.D., Editor and Publisher.
ASSOCIATE EDITORS

B. B. MARTIN M.D., Vicksburg. H. L. SUTHERLAND M.D., Rosedale.
H. M. FOLKES M.D., Biloxi. M. H. BELL M.D., Vicksburg.

OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

The following communication has been received from Dr. Folkes, who has been one of our most consistent fighters in the struggle to purify the practice of medicine in this state. While we cannot agree with the doctor's expressed desire for a clean sweep of the medical practice act, since it at least protects us from incompetents in our own ranks, he is on the inside of the matter to a greater degree than most and his ideas bear the weight of thought and experience.

Biloxi, Miss., Sept. 20th 1907.

The medical practice act in this state is a farce and should be wiped off the statute book. Nearly six years' effort, during which time I have spent over two hundred dollars of my own money, has convinced me of the utter futility of attempting a conviction of one of these cases before a grand jury.

Just yesterday we lost a case against the most flagrant offender I have ever seen and the case was absolutely positive. Not alone was the evidence presented by the state conclusive, but the defendant's own witnesses acknowledged that they had gone to her, gotten medicine, and had paid for it, yet in the face of such testimony, the jury promptly acquitted her.

There must be a reason for this constant miscarriage of justice. My opinion is that it lies in the foolish belief on the part of the laity in general that these prosecutions are persecutions on the part of the medical profession. Invariably this is the attitude assumed by the defendant's counsel, who of course are trying to secure an acquittal and care nothing for the facts or the law.

The remedy lies either in one of two measures, repeal of the law as it is or an inflexible determination on the part of the State Board of Health to have the law enforced by a constantly retained attorney.

While a member of the State Board of Health, I constantly argued that it was the duty of that body, as a corrolary of its acceptance of fees for examining applicants, to

see that the law was enforced. This, by the way, was where my two hundred and odd dollars disappeared, trying to practice what I preached.

Since the remarkable decision by our learned supreme court, that the practice of medicine consists solely in the administration of drugs, the present law on the subject is as ridiculous as was that decision. With all due respect to our honored supreme court, any first-course medical student who did not know any better than to enunciate such an absurdity, should be debarred from studying medicine further on the ground of demonstrated incapacity.

But that decision is the law of the state and that settles it so far as we are concerned.

Now it is either up to us to get a law that can catch these law-breakers, or else ask to have the whole thing wiped off the books.

Frankly, I am in favor of the latter procedure, the reason being that this class of quacks really does us no harm as physicians, and if the dear people haven't any better sense than to employ them, let them go ahead.

H. M. Folkes M.D.

Having had several inquiries as to the status of insurance affairs and requests for a list of those companies that have granted the five dollar fee, we give the following as being, as near as we can learn, a correct statement of conditions at present.

A five dollar fee is paid by the Mutual, the Lamar Mutual, the Penn Mutual, the Pacific Mutual, the Mutual Benefit, the Equitable, the Prudential, the Louisiana National and the Volunteer State. The Citizens Life, of Louisville, Ky., was paying five dollars before our protest was made.

We are glad to announce, too, that the differences with the Mutual, regarding the dropping from its list of examiners those who had adhered to the Gulfport resolutions, are now a thing of the past. Dr. Jno. F. Hunter of Jackson, the medical referee for the state, now has this matter in hand with instructions from the company to reappoint all the old examiners unless there are some better men available. We are perfectly satisfied that Dr. Hunter will deal fairly in the matter, and as the original appointments were made on his nomination the last clause, "better men available", is nothing more than a form. The editor is particularly happy over this statement for, while he is not and has never been connected with the company, he has had some dealings with them that

were eminently satisfactory and has regretted the breach with the Mutual more than that with any other company, not even excepting those he represents.

CORRESPONDENCE.

THE ILLEGAL PRACTITIONER.

Gulfport, Miss., Sept. 20th 1907.

The Harrison County Medical Society has taken steps to eliminate the illegal practitioner in this county. We have had inquiries from other counties and a few words on the subject will not be amiss and will perhaps be of interest to some of the other societies.

The first step we took was to instruct the secretary of the society to write officially in the name of the society to the district attorney and call his attention to the open and flagrant violation of the law and ask him if he would prosecute them if the society secured sufficient evidence. He replied that he would be glad to prosecute if the society would have them indicted by the grand jury. The society made out a list of illegal practitioners, both male and female, and proceeded to get proof. We appointed various doctors to get up data of the cases in their neighborhoods. We handed this data in to the grand jury with the statement that they were violating the law and were a menace to the public health. We also quoted the medical law on the subject as the average grand jury-man has a rather vague idea of what the exact law is on the subject. If you doubt this just ask a few grand jury-men about the medical law.

We always got copies of prescriptions if any were written, and their professional cards and signs if they had any. We secured the history of cases treated, and especially the fatal cases. We gave the names of patients who had been treated by the irregular practitioner, with bottles of medicine and proof that money had been paid for medical attention. Then to make sure, in some cases, we got people whom we could trust to go and get medical treatment and pay for it. We would send two so that we could have one to verify the other. This proved to be our strongest card because the patients of the irregular practitioners would do all they could to shield the accused. We always selected white people and people of

prominence. For example we got two lumber exporters of Gulfport to go to Biloxi and get treatment from Mrs.. Dr. Kimbell. Thus we succeeded in indicting every person whom we went after except one, and the grand jury declined in this case to examine our leading witness because he was intoxicated. These cases will be tried in a few days. The cost to the society will be trifling, only a few dollars which we paid out for treatment of our witnesses. We have no lawyer to pay as the district attorney will prosecute them.

Every county has more or less of these unlicensed practitioners, especially herb-doctors and others who put up their own medicines. Sometimes there are medical students and doctors who have failed to pass the state examinations who are practicing.

It is unfair that we should have to spend time and money in order to equip ourselves when others are allowed to practice without preparation, and every medical society should take steps to have the law enforced, for if the doctors don't it is not likely that any one else will.

H. H. West,
Secy. Harrison County Society.

SOCIETY PROCEEDINGS.

Harrison County Medical Society met Sept. 10th with Dr. C. A. Sheeley in the chair. Those present were Drs. Parker, Sheeley, Carroll, Strange, West, Morris, Hutchens, Lebaron, Anderson, Crawley, Richardson and Fahnestock. Minutes read and approved, and there being no new business, Dr. Lebaron, as a clinic, gave the history of the case of his son who had had something similar to the itch. The doctor diagnosed it as "Myiasis Migrans", a rare disease almost unknown outside of Russia. The case was supposed to have been contracted on some Russian ship in harbor. The disease was cured by dissecting out the part. This was followed by discussion of ground itch and hook-worm disease. Dr. R. A. Anderson now read a paper on toxemia of pregnancy, which was discussed at length by all present. It was agreed that exercise and proper diet in early stages of pregnancy are the best preventive measures, and that after the patient shows the symptoms eliminative treatment is the best. Dr. Anderson especially pointed out that the liver is at fault more than the kidneys in most cases. We next had a paper by Dr. Hutchens on "Treatment of High Temperature in Children",

which was followed by lengthy discussion, and as a rule all coal-tar products were condemned. Some treated with veratrine and aconite but most were in favor of cold water and a thorough emptying of the alimentary canal. Dr. W. W. Lyman sent a paper to be read as he could not be present. On motion his paper was laid over until next meeting. Attention was called to a member who refused to pay two dollars fine which was assessed for failure to present a paper. On motion Dr. Anderson was appointed to see the member and show him the result if he was dropped from the society. The secretary gave a report of evidence he had handed to the grand jury against the illegal practitioners in the county. It seems to be assured that some of the illegal practitioners will find in a few days that they will be "up against it hard".

Perry-Green County Medical Society met in regular semi-monthly session in its apartments in First National Bank building Sept. 2nd at 8 o'clock, with President Cook in the chair and a large attendance. Under the head of unfinished business, the subject of contract practice was taken up and discussed fully, and a letter from the A. M. A. bearing on the subject was read by the secretary. After a prolonged discussion, Dr. R. B. Stapleton moved, seconded by Dr. L. H. Howard that a committee of five be appointed by the president to draw up resolutions stating what class of contract practice should and what should not be indulged in by the members of the society. On the committee was appointed by the president: Drs. Stapleton, Howard, Doty, Thames and J. D. Donald, this committee to report at a special meeting to be held on Friday evening the 6th inst. at 8 o'clock.

No further business the society adjourned to meet on the 6th inst. in special session.

The Society met in special session in its apartments in First National Bank building Sept. 6th at 8 o'clock, with President Cook in the chair and a large attendance.

The business of the session was the report of the committee appointed at last regular meeting on the subject of contract practice, which report was as follows:

Hattiesburg, Miss., Sept 6th 1907.

Mr. President and Members of the Perry-Green County Medical Society:

Whereas, believing contract practice to be wrong, hurt-

ful and degrading to the medical profession, therefore, be it

Resolved, that the Perry-Green County Medical Society condemns all contract practice of any nature or character whatsoever, except the exclusive surgical practice of railroads, mills and other large corporations, where such corporations are responsible for the life and limb of their employes.

2nd—That said society especially condemns bidding or soliciting the practice of any individual, corporation, club or society of any nature or character, or the acceptance of such practice mentioned above.

3rd—That all contracts or work of this nature now held by any member of this society shall expire January 1st 1908, not to be renewed.

4th—That we hereby agree and bind ourselves individually and as a society to accept no practice condemned by these resolutions; and any member of this society who may violate the above resolutions shall be expelled, thereby forfeiting all professional courtesy of members of said society; and any member who extends such courtesy to him shall be placed under the same ban.

5th—These resolutions to be in force from date.

There being no other business, the society adjourned to meet in regular session on the 16th inst. at 8 o'clock.

Tri-County Medical Society (Pike, Lincoln, Copiah) held its quarterly meeting at Summit Sept. 10th, the program consisting of a symposium on malaria. There were twenty-six members in attendance and all participated in the discussions of the following: "Malarial Congestions", J. M. Dampeer; "Prophylaxis of Malaria", J. T. Butler; "Slow Fevers", W. L. Little; "The Hypodermic Use of Quinine", W. D. Beacham. The insurance question was discussed and it was found that the members are standing by the Gulfport resolutions almost to a man. The next meeting will be held at Brookhaven Dec. 10th, at which the election of officers will be held and the annual banquet will take place.

Warren County Medical Society holds regular meetings the second Tuesday in each month. While the attendance has been somewhat small during the hot weather the coming of autumn finds the society in good condition and ready to resume work with renewed zeal. There will be a good attendance from Warren at the meeting of the State Association in April.

ANNOUNCEMENT.

The TRANSACTIONS for 1907 will be delivered in the post-office not later than October 10th. Those members of the Association who do not receive their copies promptly will please report the fact to

E. F. HOWARD,
Secy. Miss. State Assn.

Vicksburg, Oct. 1st.

BOOK REVIEWS.

DISEASES OF THE STOMACH.—By DR. I. BOAS, Specialist in Gastro-enteric Diseases in Berlin, Germany. The Sole Authorized English-American Edition from the Latest German Edition. By ALBERT BERNHEIMER M.D. (Freiburg, Germany), Assistant to the late Dr. D. D. Stewart at the Philadelphia Polyclinic Hospital and Post-graduate School, as Instructor in the Department of Diseases of the Stomach and Intestines, etc., etc. Appropriately Illustrated with Five Full-page Plates and Sixty-five Engravings in the Text. 730 Royal Octavo Pages. Extra Cloth, $5.50 net. Half-Morocco, $7.00 net. *Sold only by Subscription.* F. A. DAVIS COMPANY, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

Although containing much that can be of little use in every-day work, Dr. Boas has produced a book of no little value. It is especially satisfactory, in dealing with an organ concerning which we have so little exact knowledge, to have a clear and definite utterance from someone speaking with authority and, whether it be of diagnostic procedures or of treatment, that is what is given us here. The author avoids theoretical discussions and gives us a plain, intelligible description of the conditions under discussion, much as if he were speaking directly to the reader, and in a style that is eminently pleasing.

TREATMENT OF THE DISEASES OF CHILDREN. By CHARLES GILMORE KERLEY M.D., Professor of Diseases of Children, New York Polyclinic Medical School and Hospital, etc. Octavo volume of 597 pages, illustrated. Cloth, $5.00 net; Half Morocco, $6.50 net. W. B. SAUNDERS COMPANY, Philadelphia and London.

Dr. Kerley has given freely from his vast experience on one of the subjects of greatest interest to general practitioners and has given us one of the most comprehensive works yet produced. While necessarily covering much well-trodden ground, his chapters on the care of the infant, both in health and disease, are exceedingly lucid and interesting and will be found of great value either to the beginner as a text-book or to the veteran as a work of reference. To both the reviewer

heartily commends it as one of the best books on the subject yet produced.

PRACTICAL FEVER NURSING, By Edward C. Register M.D., Professor of the Practice of Medicine in the North Carolina Medical College. Octavo volume of 352 pages, illustrated, 1907. Cloth, $2.50. W. B. SAUNDERS COMPANY, Philadelphia and London.

The first of this book is devoted to general considerations of nursing, describing the practical duties of the nurse and the commoner features of her work, such as pulse, chart, catherization, the use of the bed-pan, antipyretics, the cause and contagion of fevers and symptoms common to fevers, and then there is a consideration of special fevers, giving their causation, symptoms, complications, prognosis and care. It is all excellent but this is especially true of the part devoted to general considerations which should be read and studied by every nurse.

F. R. HOWARD,
Formerly Superintendent of Nurses at the Vicksburg Infirmary.

INTERNATIONAL CLINICS, a quarterly of illustrated clinical lectures and especially prepared articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners by leading members of the medical profession throughout the world. Edited by A. O. J. Kelly A.M., M.D., Philadelphia. Vol. III., Series 17. J. B. LIPPINCOTT CO., Philadelphia. Price $2.00 net.

There is a wide range in the articles in the present volume of this popular quarterly and every one of them is of general interest. Even the department of ophthalmology, which in this issue contains three papers, seems to have been written especially for the general practitioner, its titles being "A Contribution To The Study Of Ocular Birth Injury", "Extraction Of Cataract In The Capsule" and "How To Turn Back The Upper Eyelid". The volume will be an excellent addition to any library and nothing of its class offers so much for the price.

BOOKS RECEIVED.

PHYSICIAN'S MANUAL OF THE PHARMACOPEIA AND NATIONAL FORMULARY. An epitome of all the articles contained in the U. S. P. VIII and the National Formulary by C. S. N. Hallberg Ph.G., M. D. and J. H. Salisburg A.M., M.D. A. M. A. PRESS. Price $0.50.

TRANSACTIONS OF THE MEDICAL SOCIETY OF VIRGINIA—1906.

TRANSACTIONS OF THE NEW HAMPSHIRE MEDICAL SOCIETY—1907.

MISSISSIPPI MEDICAL MONTHLY.

VOL. XII.] NOVEMBER 1907. [NO. 7

*DIAGNOSIS AND TREATMENT OF TUMORS OF THE UTERUS.

H. M. FOLKES M.D.,

BILOXI.

It were a waste of time to attempt a differentiation of tumors of the uterus which cause hemorrhage.

To my mind hemorrhage alone is sufficient to demand immediate examination and prompt operative procedure, if the latter be indicated. No physician should treat a woman having uterine hemorrhage without making an examination, and if it be refused promptly decline to treat the case. Even-tempered firmness and a practical talk to the patient on the reasons for the examination usually suffice. If these fail, tell her to seek another doctor.

Too much importance cannot be placed upon this question of bleeding, for it is the danger-signal first displayed by nature. All other symptoms really sink into insignificance beside hemorrhage and should not be waited for. Bleeding in any manner other than normal in any woman, married or single, demands instant investigation.

While I have referred to the diagnosis in my heading, yet it is a matter of small moment other than in indicating the extent of surgical intervention. The treatment is purely surgical, and ranges from dilatation of the cervical canal to complete ablation of the genative organs.

The abdominal route, in my opinion, is the operation of election as one can, as a rule, make a more thorough examination of the pelvic cavity, though I am free to admit that the vaginal route is of unquestioned value.

Few of these cases but, if seen in time, can be cured, and even in the latter stages it is surprising at times what excellent results, both as to relief of pain and hemorrhage and prolongation of life, may be attained.

Drastic curettage, followed by the actual cautery and carbolic acid, will at times apparently work wonders.

The following cases develop very well indeed the especial points in the paper:

Case I. Mrs. A., aet. 42. History of hemorrhage for past year. At first declined to have examination. Promptly

*Read before the Harrison County Medical Society.

refused to treat her. Examination then agreed to. Found cancer of cervix. Body normal, apparently, freely movable. Immediate operation advised and accepted, next day being set. Patient failed to show up that afternoon as agreed upon. Did not see her again for four months, at which time was called to see if I would operate upon her. Brought her to the institution and upon examination found the entire cervix gone on one side and the ulceration extending deeply into the vaginal side and vault.

This case is cited to emphasize the fact that had her physician examined her, in the year that he had her under treatment, he would have discovered the condition and advised immediate operation. But because she had objected to the examination, he had simply prescribed some internal treatment and let her drift into an incurable status. The reason she failed to keep her appointment with me was that her family and friends objected to her being operated upon. The funeral will take place in about three weeks, judging from her condition a week ago.

Case II. Negro woman aged about thirty. Condition two years. Almost constant bleeding. Fibro-myoma of the uterus. Examination made, condition diagnosed. Operation advised, and performed two days later. Patient sent home well on the fourteenth day. Now works for us at the institution.

Case III. Miss P., aet. 50. At forty-six began to have menorrhagia, lasting two weeks. Excessive flow of bright red blood. No odor. This condition persisted for one year, after which the flow would come irregularly, lasting three or four days, same bright red color. No odor. This condition also lasted about a year, gradually growing worse, finally developing constant hemorrhage, though occasionally when the doctor gave her medicine it would check up for a few days at a time, always returning when she ceased taking the remedy.

Severe intermittent pain of darting character began in left loin a year ago, and after lasting for six months became fairly constant, though generally a dull, heavy ache. Odor and a yellowish-white discharge appeared about this time. Occasional backache appeared; and an almost constant headache for the whole four years assisted to make life miserable.

Persistent indigestion during the entire period resulted in a loss of appetite and fifteen pounds of flesh.

Condition of patient when brought to us was that of extreme emaciation, anemia, marked debility and every indication of utter prostration.

Examination showed moderate enlargement of the uterus, which seemed to be filled with a soft, velvety mass from which was constant bleeding.

Operation advised at once, especial emphasis being laid upon the probability of the patient dying upon the table. Level-headed talk between members of family resulted in the operation being performed the next morning. Uterus removed through the abdomen. Patient practically died on the table. Revived. Sent home on the twenty-seventh day well, except for the anemia and weakness naturally existing after two or more years of bleeding. Post-operative diagnosis—sarcoma.

Citation of additional cases could not possibly add anything to the force of the lesson taught by these three, and in closing I cannot feel that I have done my full duty to afflicted womanhood without again urging you to examine your patients, or send them to somebody who will.

---

*SYPHILITIC DEMENTIA—REPORT OF A CASE.

G. F. CARROLL M.D.,

BILOXI.

Strictly speaking syphilitic dementia is not the proper term for the case in point. A psychosis dependent upon syphilis would perhaps be a better designation.

On August 28th, Mr. J., a merchant, called at my office for treatment and gave the following history: Age sixty-three, widower, tall and muscular, slightly stoop-shouldered, blue eyes, fair skin. Family history good. Does not use tobacco or alcohol.

Eighteen years ago patient contracted syphilis and after many efforts at cure is still suffering from the effects of the disease. There is edema of the lower limbs, with dark purplish spots in the skin from the knee to the foot, rendering walking or standing painful. He complained of pain in the lumbar region and dizziness, but was still able to attend to his business. Urinalysis showed nothing unusual.

After obtaining this history and making an examination of the patient, he was placed upon anti-syphilitic treatment and advised the use of a rubber bandage for the extremities for the relief of the edema. He improved rapidly under this form of treatment and gained in weight.

I heard no further complaint from him, though seeing him frequently engaged in his occupation, from this time until

*Read before the Harrison County Medical Society.

the twenty-sixth day of the following January. Then he came hurriedly into the office and asked for something to relieve a headache. He had been troubled with it for six weeks and had not secured relief. I gave him a brisk purge of calomel in ten grain doses and later prescribed iodide of potassa.

On January thirtieth he was somewhat better, though still suffering at times with his head. Before coming to me the second time he had taken various proprietary remedies without benefit.

On January thirtieth he again consulted me about his headache and said: "I am afraid that my old trouble is going to kill me this time, my headache is so persistent." I gave him fifteen grains of trional in addition to the iodide.

On Saturday afternoon, February first, I was called to his house, where he had remained since I had seen him on the thirtieth.

While I found him extremely despondent, I did not notice anything wrong with him mentally. I stayed with him something like an hour, and he talked in a very depressed strain about his business affairs, although he is a very industrious man, in good circumstances and without any cause for worry over money matters. He said that he loved money and liked to make it. After giving him a hypodermic of morphia, one-fourth grain, I left him feeling more cheerful, telling him that I would again call in the morning. Before that time, however, I was hurriedly summoned to his house by messenger, who stated that the patient was speechless.

I suspected obstinacy as the cause for this, for he was of that disposition. But on examination I was surprised to recognize in his condition one of dementia.

His pulse was 90; respiration 19; temperature 101° F. He was sitting in a rocking-chair, fully dressed, with elbows on his knees, face buried in his hands, and would take no notice of anyone.

His reflexes were good, right pupil responding normally, left contracted. There was perfect muscular control, and there was complete aphasia. I will state that during the entire course of his illness the temperature never rose above 99°, respiration normal; pulse range between 65 and 70. Fortunately he would take his medicine at this time, though insisting upon measuring it himself. When permitted to do so, he would pour it out in the glass, emptying the entire contents of the bottle or the appropriate dose indifferently. His sight and hearing were normal, and at no time was he unable to walk about the room.

The treatment consisted of giving large doses of iodide

of potash, as much as three-fourths of an ounce per diem, with draughts of Vichy water, mercurial inunctions and protoiodide almost to ptyalism.

The iodide of potash was pushed to tolerance and in addition I gave one-fortieth grain of strychnine. I watched the patient with much interest and anxiety, as the case was unusual to me. By February third the patient was able to answer some of my questions by bowing or shaking his head. This much accomplished was a satisfactory evidence of improvement. But I soon learned that he did not appreciate the meaning of the questions. He would answer a question by bowing, when if the same question was repeated he would respond by shaking his head. He was becoming rapidly emaciated and anemic. Iron tonics were advised and kept up. All the treatment was well borne until the tenth day, when improvement became more marked.

All this time I had to contend against insomnia. The patient seemed to have a morbid dread of the bed, sat up almost constantly in his chair and preferred being alone. When this was allowed he would see that all doors were fastened and if the keys were left on the inside would lock himself in and then would begin a general search of the room.

He would walk around the bed feeling as far as his arm would reach between the bedding. At this stage he could speak haltingly "Yes" and "No," and possibly start a sentence, but was unable to complete it, as if he had forgotten how to construct it. He seemed extremely anxious to say something. He would stand before the mantel and measure the board with his hands and repeat the word "Ten" and continue to do so until some one would repeat it after him, then he would say "Yes" and sit down apparently satisfied. I tested his handwriting. He took the pencil and paper as if he had entire control of his will and made one letter, and then continued to make the same letter across the paper, and would then make no further attempt. He could copy any word, his name for instance, that I might write.

During the first part of the day he was usually quiet and rational; in the afternoon he became restless and somewhat violent, resisting any restriction that I saw fit to place upon him, and positively refusing medicine for eight days.

On February eighteenth he complained of pain over the liver and paced the floor unceasingly. He tried to talk and motioned for them to send for me, and after awhile made them understand his wishes.

I found him badly constipated and when this was relieved the pain disappeared and from then on I had no difficulty in

inducing him to take his medicine promptly. Improvement was gradual, but sure. I will add that his appetite was good throughout his illness.

His urine from the third day of his dementia to the fourteenth was scanty and turbid but otherwise normal.

He is now greatly improved, goes to his place of business, but does not as yet attempt to attend to any of his affairs.

He is unable to wait upon himself and administer his own medicine.

As yet he speaks in a halting manner, with only a few words intelligible. He is able to comprehend only a few simple words, very plainly spoken.

My object in reporting this case is to elicit discussion on a condition that is of interest to us and is important from a practical standpoint.

---

*SNAP-SHOT DIAGNOSIS OF SYPHILIS AND ITS EVIL.

E. R. McLEAN M.D.,

CLEVELAND.

This great mistake has caused much anxiety, much death, much expense and, last but not least, has caused lots and lots of souls not to be born. First, on account of the anxiety that the poor soul has of the dreadful disease. I say dreadful because the laity has it that way. Of course we are aware that it is not a disease that any one is out hunting for, but it is not to be dreaded as much as a lot of every-day troubles.

You see the man who comes into your office with his very soul weighted down, and he closes the door behind him, then looks all around to see if there is not some one in the room who will hear him, then asks you to see if he has syphilis. Now, brother physicians, when he presents the spectacle are you going to break the cloud that is just ready to break over his head, by telling him that he has that awful disease "pox." If there is a shadow of a doubt, be easy with him, and tell him that he has a little sore that he had better keep clean and to come back to-morrow and you will see how he is getting along. Then if you are not positive, tell him that he is improving or that you are not satisfied and would like for him to come around every day until you are satisfied. Then if he has it, tell him so; if his nervous system is not

*Read before the Bolivar County Medical Society.

weak and he is not easily frightened; also if he is thinking of marrying. I never advise any one to marry under eighteen months after they have had a thorough infection.

But I am getting off my subject, as I started to abuse the snap-shot diagnosis. The expense that you will put your patient to, if he has not got it, must be considered. He will want to go to Hot Springs at once, or to some noted specialist, when you know you can handle him as well as any one if you can first get your patient to believe that you know what you are doing, if you tell him he has syphilis.

If he goes on and takes your treatment and does not have another sign, he will always doubt that he had it, and well he may, as it is doubtful that he had.

When you are sure he has the infection, you have plenty of time to begin and never have anything but the rash. Then tell him that there is not any use of his going to Hot Springs now, but if he has plenty of money and wants to spend a month over there it will not hurt him next spring, but he should not go there half crazy and telling everybody that he has the "Old Dog," and asking everybody's advice, and who treated him. This is the way of nine-tenths of them. They seem to think that everybody knows that they have it and can see it in their eyes.

I make the assertion that there have been lots of lives lost just by telling the patients that they had the infection. Some will go off and commit suicide, others will take the slow way and go to drinking, and still others will try to burn it up with various things and will take every kind of patent medicine when they haven't anything the matter with them.

We all know that a person can take more iodide of potassium and mercury when they have it than at any other time, without any bad results, but just let a patient try to take it that hasn't the infection.

There are scores of ways that we may cause death by wrong diagnosis. And the last great point is worse than them all. The many sweet little souls that would have been born, and enjoying health and happiness, have a would-be father out west hunting for health who has forsaken the beautiful young lady who was to have been his bride in a few months; but he had been immoral, and had been "out with the boys" a few months before, and now has been told that he is in an awful fix and will have to go to Hot Springs on the pretense of important business and leave his intended bride until he is well, when there may have been a mistake in his diagnosis.

Not only in this kind of a case, but in those cases that come into your office and ask you to make an examination and see if you can find a trace of syphilis, as they want to get married. Then they will tell you what all the doctors have told them, and mention that small sore that they had when they first began taking the treatment.

Gentlemen, I have never seen a case of syphilis that did not leave some sign, and if they have it you will have enough to tell positively, and leave no doubt in their minds. Fox claims that in some patients "It is a blessing in disguise." This may be true, but be careful who it is in whom you diagnose, for if it is a patient who gets despondent over troubles easily you had better not tell him, as you might notice a case of suicide in the morning's paper. Then on the other hand, you can tell him later and get his support and determination to get well and he will take your medicine lots better.

Fox also claims that it will heal itself in a robust, healthy person. This I think is too broad an assertion.

---

*DIAGNOSIS.

A. E. TURRENTINE M.D.,

CHANCY.

A diagnosis is made either direct or differential.

We see many cases that are so plain that even the patient will have a correct diagnosis made when we arrive, while the other cases simulate most everything in the category of diseases. The former are the ones, however, on which the broadest mistakes are made, as we fail many times to look for causes and complications. I treated a man through more than one attack of malaria without finding or suspecting any other trouble, subsequently examined him for life insurance and found a very distinct mitral murmur.

With the many valuable works on the subject, the scores of "scopes", tests and other devices, and a neighbor practitioner who is willing, and has some skill and knowledge that we have not, the majority of cases can be diagnosed with almost mathematical certainty, which makes many mistakes criminal, because more are made through negligence than from lack of skill or information. What excuse can be given for a failure to properly diagnose a continued fever?

*Read before the Clarksdale and Six Counties Medical Society.

To make a diagnosis one must be able to recognize a normal appearance, outline a normal organ and distinguish normal sounds, for without this skill one cannot determine a deviation from health. At times it is just as difficult to find that a body is not diseased as it is at other times to differentiate certain diseases. Every case should be argued pro and con and many mistakes would be avoided if we would try as hard to exclude a disease as we do to agree that it is such.

With a keen observation, a thorough interrogation and an accurate physical examination we will never go far wrong, yet to disregard either we are always liable to be in error. To illustrate the value of and necessity for each, I will give a few hypothetical cases.

A man coming to us with a bleeding wound needs only to "show us" for us to know that it is a hemorrhage, yet it would be important to know if his father had bled several days from an insignificant wound. If one comes to us and we notice that his fingers are much clubbed and that his shoes are loosely laced, we would insist upon making a chest examination.

History, both personal and family, is most important, yet there is no place where it is more difficult to obtain than here in the Delta, where the majority of our patients are of a race that knows but little of its ancestry, and with so little intelligence that we can get but a very meagre personal history. However, we all have to deal with some who can give a most minute and voluminous history, dating back for years, and can prove beyond a doubt that they are suffering from chronic gastritis, though, without a careful physical examination we cannot determine the cause.

By physical examination we can get much satisfaction and correctly diagnose many diseases, yet the chest and abdomen, being almost closed cavities, at times give much trouble in determining internal conditions and frequently very poor guesses are made by the best physicians and surgeons.

Suppose we are called to see a case of colic and a physical examination gives good evidence that it is either renal, hepatic or appendicular in origin, and advise an operation, then later learn that the man's occupation is painting. Could we be positive that it was not lead colic?

After we have gotten all the information that is obtainable we should argue both for and against each symptom and give each just such consideration as its significance requires.

One should never be in a hurry to give an opinion, yet should be familiar with the danger signals so as to be able to act promptly when there is immediate danger, for we who do

but little or no surgery are responsible for the surgeon being called too late or, as is sometimes the case, too early.

Pasteur said "I do not know—I will investigate".

There are many to-day who attribute every complaint to syphilis because they were told that a soft chancre, from which they suffered many years past, was syphilis, when in fact they have never had another evidence of such. This is the class that comes to us year after year about this time for "blood purifiers" hoping to avoid something that does not exist. No one has a right to give a positive diagnosis nor treatment for syphilis until the primary eruption appears.

The physician who occasionally says "I do not know" enjoys more confidence of his patients than the one who is always positive and ready to give his opinion, for our best authorities admit that they sometimes mistake the most common diseases. However, I repeat, and I believe that you will agree with me, that more mistakes are due to negligence than to ignorance.

By a systematic examination we will frequently find, and sometimes prevent, much greater troubles than the one of which our patient complains.

It is due our patients, ourselves, our profession, that we make every case an important one.

When we take advantage of all the means and information at our command, it will not be often said:

"The doctor pronounced him sound after examining him o'er
and o'er,
But the learned district attorney proved it paranoia."

---

*THE IMPORTANCE OF EARLY TREATMENT OF NOSE AND NASO-PHARYNGEAL TROUBLES.

W. L. HOWARD M.D.,

GREENVILLE.

In studying this subject, a broad and sympathetic knowledge of the frailties of human nature combined with keen power of observation and analysis is essential, and in presenting this subject I realize that I am presuming much on the indulgence of my hearers, and my apology is a desire for more comprehensive knowledge of the causative factors of the many diseases resulting from neglect of the upper respiratory tract, also the hope that this feeble effort will serve to

*Read before the Washington County Medical Society.

stimulate a closer clinical observation bearing on the possible relations concerned, and especially a more extended scientific investigation looking to the nature and environment of the organisms involved.

It is a singular fact that modern practitioners of to-day who seemingly have ridden the crest wave of success in their chosen profession, overlook these deformities which are the prime factor producing many diseases. Quelmalz, in 1760, made reference to septal deformities and their influences on other diseases. The form of the nose and general expression of the face are due to the size and form of the nasal bones. The negro's nasal bones are flat and broad at their base, characteristic of this race. In the whites the bones are narrower and elongated, with a prominent bridge. The lower end is open and divided into the anterior nares by the nasal septum and the columna, and it should not be forgotten that the nose is attached lower than the floor of the cavity and therefore should be elevated when the interior is to be inspected. I will not dwell upon the anatomy of the nose, as you are all familiar with this, but to refer to it as a three-sided pyramid, the posterior of which is wanting and is directed towards the nasal cavities. The two lateral surfaces are triangular and form part of the face and the apex joins the forehead.

The cavities are divided, according to function, into the olfactory portion which includes the superior meatus, middle turbinate bone and the upper two-thirds of the septum, and the respiratory portion which includes the middle meatus, inferior turbinate bone and lower one-third of the septum. The cavities are lined by a mucous membrane which is continuous with that of the pharynx, sphenoid and ethmoid cells, frontal and maxillary sinus, lachrymal ducts and sacs. This continuity is very important to remember on account of the inter-relation of the diseases of these various parts. Empyema of frontal, maxillary and ethmoidal air sinuses is dependent upon disease of the nasal mucosa. Within this pyramid are stationed sentinels guarding the welfare of the being; they moisten and modify the temperature of inspired air, the vibrisse removing particles of dust, bacteria or any objectionable substance, and should they pass the first sentinel they are caught on the undulatory surface of the moist Schneiderian membrane.

The average speed at which the column of air passes through the nasal chambers is about one hundred and fifty feet per minute; one nostril being closed the speed is, of course, doubled. Is it not reasonable that on account of a stenosis

of one side the speed is increased and the air not moistened nor heated to the proper temperature? It therefore abstracts heat and moisture from the mucous membrane of the pharynx and larynx, and the result is a dry throat, post-nasal catarrh, pharyngitis and many other morbid conditions of the respiratory passages on account of the physiological functionating powers being interfered with. Seventy-five per cent. of aural diseases are due to pathological conditions in the nose and nasal pharynx. The eminent aurist who remarked "If the rhinologists would do their duty and attend to the nose and naso-pharynx, the aurist would have nothing to do in the next generation," was correct, as sixty per cent. of the ear troubles I treat are due to hypertrophied turbinates, deviated septum or adenoids. Injected mucous lying in the naso-pharynx is blown into the middle of the ear by an attempt to blow the nose. I therefore discourage the indiscriminate use of the Politzer air-bag in patients suffering from slight deafness accompanied by muco-purulent discharge from the post-nasal region.

There is no benign pathological growth more dangerous to the child than adenoids. Were I an artist I would paint a picture familiar to all. Look at that backward child in school; the vacant stare; listlessness; nervous; mouth open; slow, husky, nasal voice; a pigeon-chest; what a horrible spectacle to behold! Let the family physician awaken to a full realization of duty and advise early treatment, as this picture will surely result if left unattended, and it is a foregone conclusion that these obstructive growths, by pressure and accompanying secretions, are sometimes the cause of auto-intoxication. Rheumatism, scarlet fever, diphtheria and tuberculosis gain entrance through these tissues. Dieulafoy inoculated thirty-five pigs with adenoid tissue taken from non-tuberculous subjects, and twenty died with tuberculosis.

The cause of these naso-pharyngeal troubles has caused considerable discussion; my opinion is that artificial feeding from nursing bottles, rubber ring nipples (soothers) and thumb sucking should not be overlooked. When we recall the plastic conditions of the structure that make up the oral and nasal cavity, which assist in giving form to the face, we must remember that ossification is incomplete and it is not difficult to see that the persistent pressure in the same direction will influence the shape of the structures as ossification proceeds. In regard to treatment, I shall not detain you by giving you a description of the various operations which have been performed to remedy these conditions, but will conclude this article by quoting only two cases taken from my case records.

Case No. 8. Female. From Mayersville, Miss. Came to me in July 1906. She presented a horrible expression, eyes swollen and face almost flat from swelling; said she had not been free from pain in her ear for three years, and hadn't slept a night without being awakened by excruciating pains in this region. The ear drums on both sides were apparently normal and her hearing was 90-100 in both ears.

Examination of pharynx and post-nasal space showed a strawberry-red condition in a state of disintegration, anterior rhinoscopy showed a dislocated triangular cartilage entirely blocking up the left side. On the right side nothing could be seen on account of the blocking up of the cavity with hardened crusts. I first removed the crusts from the cavity, such a quantity that I fear some of you will question—a measured wine-glass full. After removing the obstructions on both sides, removing hypertrophied turbinate on right and septal cartilage on left, which was all that was done, the pain in her ears disappeared, pharynx and vault cleared and face regained its natural contour, and she returned home within two weeks a well woman. I saw her six months later and she was still well and had had no return of her ear-ache.

Case No. 38. Female. Consulted me on May 13th 1907; said she had been suffering from headache for six months, and her physician had given numerous remedial agents; had her eyes refracted, but still she was not benefited. I first examined her vision, which was $\frac{5}{6}$ with no astigmatism, so had to seek other fields for her troubles. Right anterior rhinoscopy revealed cavity almost occluded by hypertrophied turbinate body, the left presented a deviated septum which almost occluded the cavity on that side. Posterior rhinoscopy showed quite a quantity of muco-purulent secretion due to nasal obstruction. I advised removal of these obstructions and referred her to her physician, who advised her that the removal of these obstructions was unnecessary and consulted with me as regards to catheterizing the frontal sinuses, which in this case was as inappropriate as a trochar and canula for the surgical treatment of appendicitis. The patient went to Memphis, Tenn., had her left turbinate removed, her deviated septum corrected, and is now completely relieved of her headaches, so her husband tells me.

These are two of the forty-three cases I have recorded during the past year, and my treatment consists in giving the upper respiratory tract ample patency and freeing it from obstructions and catarrhal secretions. I mention these to show the importance of early treatment in these cases.

MISSISSIPPI STATE MEDICAL ASSOCIATION.

PRESIDENT:—R. S. Curry, Columbus.

VICE-PRESIDENTS:—H. R. Shands, Jackson; T. F. Elkin, Tupelo; R. D. Sessions, Natchez.

SECRETARY:—E. F. Howard, Vicksburg.

TREASURER:—J. F. Hunter, Jackson.

DELEGATE TO COUNCIL ON MEDICAL EDUCATION:—W. M. Paine, Aberdeen.

DELEGATES TO A.M.A.:—Jno. Darrington, Yazoo City; alternate W. H. Harrison, Tutwiler.
W. W. Crawford, Hattiesburg; alternate H. M. Folkes, Biloxi.*

COUNCILORS:—1st District J. W. Gray Jr., Clarksdale.
2nd District J. B. Bullitt, University.
3rd District W. C. Spencer, Verona.
4th District R. S. Curry, Columbus.
5th District C. M. Coker, Yazoo City.
6th District S. W. Johnston, Vicksburg.
7th District H. F. Tatum, Meridian.
8th District D. J. Williams, Ellisville.
9th District Wm. Neville, McComb.
10th District T. E. Ross, Hattiesburg.

COMMITTEE ON PUBLICATION:—E. F. Howard, Vicksburg; H. H. Haralson, Vicksburg; J. F. Hunter, Jackson.

COMMITTEE ON SCIENTIFIC WORK:—E. F. Howard, Vicksburg; S. W. Johnston, Vicksburg; J. W. Lipscomb, Columbus.

SPECIAL COMMITTEE ON LEGISLATION IN REGARD TO APPLICATION FOR LICENSE:—W. W. Crawford, Hattiesburg; J. W Gray Jr., Clarksdale; E. Wright, Sardis; J. W. Lipscomb Columbus; H R. Shands, Jackson; J. W. D. Dicks, Natchez.

COMMITTEE ON MEDICAL EDUCATION:—C. D. Mitchell, Pontotoc J. A. Dilworth, Aberdeen; N. L. Clarke, Meridian.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION:—J. D. Donald, Hattiesburg; W. C. Spencer, Verona; W. C. Brewer, Columbus; R. S. Curry, Columbus; E. F. Howard, Vicksburg.

CHAIRMEN OF SECTIONS.

ELECTRO-THERAPEUTICS:—C. D. Mitchell, Pontotoc.
NERVOUS DISEASES:—J. R. Tackett, Meridian.
EYE, EAR, NOSE AND THROAT:—M. H. Bell, Vicksburg.
OBSTETRICS:—J. W. Eckford, Starkville.
GYNAECOLOGY:—C. E. Catchings, Woodville.
MATERIA MEDICA:—W. H. Frizell Jr., Brookhaven.
VENEREAL DISEASES:—W. F. Scales, Macon.
BACTERIOLOGY:—L. C. Feemster, Nettleton.
HYGIENE:—G. Baskervill, Winona.
MEDICINE:—D. W. Coker, Tunica.
TUBERCULOSIS:—P. W. Rowland, Oxford.
SURGERY:—J. E. Davis, Columbus.
DERMATOLOGY:—W. S. Cranford, Laurel.
PEDIATRICS:—A. G. Payne, Greenville.

*Appointed in place of H. B. Powell, Ocean Springs, who is ineligible.

MISSISSIPPI MEDICAL MONTHLY.

E. F. HOWARD B.S., M.D., EDITOR AND PUBLISHER.

ASSOCIATE EDITORS

B. B. MARTIN M.D., Vicksburg. H. L. SUTHERLAND M.D., Rosedale.
H. M. FOLKES M.D., Biloxi. M. H. BELL M.D., Vicksburg.

OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

Now that our resolutions on the insurance question have borne fruit to our liking, we should withhold credit to those to whom it is *not* due; yea, we should do a little house-cleaning of our own.

I do not concur in the recommendation of the Tri-County Medical Society to convene the House of Delegates and have it demand the restoration of all examiners who were dismissed for their loyalty to the Association, for the reason that called meetings are poorly attended and such a one would not be representative, as it should be when dealing with a strong corporation like the Mutual Life Insurance Company.

I think a better way to get at the matter would be through the county societies and at Natchez, next April, we can approve and reinforce such action as may have been taken.

One of the objects of the reorganization of the Association was to build up a stronger and more coherent party, so to speak, which could wield a stronger influence in controlling medical legislation or controverting any force which might be directed against us, as was done by the insurance companies. Simply trusting to the loyalty of our members has been demonstrated to be insufficient to keep some of our members in line. The loaves and fishes offered by the insurance companies were too tempting to be set aside for the higher sentiments embodied in our ethics, by some of our members who are with us for revenue only. There were some poor souls who would be carried to the skies on flowery beds of ease, while others fight to win the prize.

There can be no strong party or professional organization without discipline—a law without a penalty is a dead letter.

Each county society having a member who has accepted an examinership made vacant by the dismissal or resignation of another member *solely* on account of his adherence to the Gulfport resolutions, should require him to resign at once, and if he refuses to do so should expel him and notify the insur-

ance company of its action, with a demand that the said examiner be dismissed.*

We have already seen what effect our resolutions have on these companies and can easily conjecture what the result will be when the alternatives are presented.

We are strong in Mississippi and growing stronger. The time has come when it is a badge of honor to be a member of the Mississippi State Medical Association. The insurance companies now ask all applicants for medical examinerships if they belong to their county and state societies, and if the applicant does not hold such membership he will not be appointed if one who does, and who is otherwise eligible, can be had.

I point with pride to the fact that the doctors of Bolivar county, without an exception, adhered to the letter and spirit of the Gulfport resolutions and in this communication I am not airing any personal grievances.

H. L. Sutherland M.D.

As many of the members are aware, the Association has suffered loss of records on two or three occasions, the last being in 1902 when Dr. Trotter's office, in Winona, was burned.

No systematic efforts have ever been made to replace these mementoes of the fathers of the profession, the men who began our organization and watched and fostered its early growth, and unless an effort is made along these lines the day is not far off when it will be impossible to do so, and not only the deeds but the very names of the pioneers whose successors we are will be lost in oblivion.

We owe it not only to them but to ourselves as well that this state of affairs should not come about, and the secretary is collecting data from which may eventually be written a history of our Association. For this purpose are wanted old files of the *Transactions* and personal memoirs of the "old guard". In case their owners do not care to give them up permanently, they are requested to lend them for such time as may be necessary to collate the material facts that they contain, and all who have such records in their possession are earnestly requested to communicate with the secretary who will cheerfully pay the cost of transportation and be personally responsible for their preservation.

By personal correspondence the secretary has succeeded in getting together a file of *Transactions* complete since 1884, except the issues for 1898 and 1900, and as it will be impossible to communicate directly with every member of the

*Such action has already been taken by the Adams County Society.

Association he asks that all members possessing old files will look them over and see if they cannot supply some of those still missing.

Biloxi, Miss., Oct. 15th 1907.

To the Incoming State Board of Health:

Your chiefest function is the preservation of health. If you resolve yourselves into a mere examining board for applicants to practice medicine, make an early announcement of the fact so that the public may treat you accordingly.

You have before you a field full of opportunities to do good for the general welfare.

Grasping as a fundamental proposition that disease is the most costly thing that civilization faces to-day—and in saying this I do not mean the narrow construction which would fasten the term disease to mere physical ailment, but to that broader conception which includes practically all of our drunkenness, pauperism and crime—you have as splendid a vision as ever dawned upon a humanitarian for ideal work.

Our state has a population of about two millions. It has no public laboratory to which the physician may send specimens of sputum, feces, urine, blood, or anything to be examined for those unable to pay for it.* There are numerous private laboratories in the state where free examination is made for the asking, but few physicians feel like asking free service oftener than two or three times, hence the examination is either paid for by the physician himself, or is not made at all. The consequence is that the poor are either sponging upon their doctor, or else they fail to get as good service as our people are entitled to.

You should employ a competent man, put him in a laboratory and begin an active campaign looking towards the prevention of disease. This man should be capable of going to any locality within the state to aid and assist the people in stamping it out. He should be required to deliver lectures at the larger cities, teaching the people how best to preserve their health.

The present annual appropriation is $2,500.00. This sum is entirely inadequate to properly conduct the affairs of the Board. Demand, and give your reasons for so doing, not less than $25,000.00 per annum. It will require fully this amount to do full justice to our people in health matters. In the ten years preceding 1897, there were covered back into the state treasury $110,000.00 of unused moneys by the State Board of

*Dr. Folkes is in error on this point. The State Charity Hospital at Vicksburg has been doing this kind of work for more than a year.

Health. This entire amount was appropriated by various legislatures in good faith for prevention of disease and *should have been so expended.*

These Boards considered that their duty lay in acting as examining and quarantine bodies.

Then came the yellow fever scare of 1897, 1898 and 1899, at that time a veritable monster of mystery and fear, to-day no more than an outbreak of small-pox. The then Board alternated its function with that of quarantine, which was the proper thing to do with the lights before it.

1908 begins a new regime. If the legislature tries to treat you as a useless part of the state machinery by curtailing your funds, resign in a body and let the lawmakers run it themselves.

Be a Board of Health or be not at all.

H. M. Folkes M.D.

We have never been among those who sought to "whip into line" those physicians who from inertia or self-sufficiency or ignorance continue on the Association's list of non-members, for we believe that the inert and the self-sufficient will be of little value to the Association and that an explanation of what the Association is, and what are its work and its aspirations, will bring in the ignorant. But there are others who may differ from us and believe that everyone should be brought into the fold "willy-nilly". For their benefit we reproduce the following, which appears an excellent expedient:

"A county society in Missouri is reported to have practiced a novel method of combating the evils of advertising itinerant doctors. The newspapers of the county were paid to carry a notice as follows:

"The following physicians of ———— County are reputable and eligible to membership in the County, State and National Medical Associations:"

This was followed by a list of the members of the county society. People looked to see if their family physician was in the list. If not, they began to ask why not. The procedure is said to have been followed by a decided movement to get into the society on the part of all eligible men and many who were not eligible."—*Texas State Journ. of Med.*

SOCIETY PROCEEDINGS.

Harrison County Medical Society met Oct. 8th, Dr. Richardson of Lyman taking the chair. Those present were: Drs. Richardson, Folkes, Carroll, Capps, West, Welch, Sheely, and Ray, a visitor whom we were glad to have with us. There being no new business and no clinics, we had a paper by Dr. H. M. Folkes of Biloxi, on uterine cancer and its diagnosis, the doctor especially calling attention to the fact that it is the duty of the physician to make an examination at once in all cases where there is an unexplained hemorrhage, which is so seldom done at first. The paper was followed by much discussion, most of those present taking part. The secretary made a short report of the illegal practitioner matter, wherein the society failed to do as much as we thought would be done. The matter of fines was discussed, especially the delinquent ones. Moved by Dr. Folkes that the penalty for failing to have a paper be abolished. Motion carried and after further discussion Dr. Folkes moved that all fines collected since Jan. 1st be refunded. The motion was carried by a close vote. It was moved that the medical society should urge the Governor to appoint a coast man on the State Board of Health as Gulfport is the place where foreign contagious diseases are most likely to enter the state. Dr. Sheely was selected by the society as the man for the place. By motion the secretary was instructed to ask all other counties in this district to endorse Dr. Sheely. He was also instructed to go to Bay St. Louis and get the endorsement of the doctors there. The secretary is to inform Dr. Ross of Hattiesburg, who is also a candidate, of the action of the society. Dr. T. J. Ray of Deeson was unanimously elected as a member of the society, the doctor presenting a letter from his home society showing his good standing. We all expressed pleasure at having Dr. Ray with us.

Southern Medical Society, the Southern and Gulf section of the A. M. A., elected the following officers at its recent meeting: President, B. L. Wyman, Birmingham; Vice-Presidents, M. P. McAdory of Alabama, H. M. Folkes of Mississippi, Frank Watson of Louisiana, J. R. Holden of Florida, Raymond Wallace of Tennessee and Alfours of Georgia; Secretary-Treasurer, Oscar Dowling of Shreveport, La. The sections elected officers as follows: Medicine, Seale Harris, Mobile, president, and H. E. Mitchell, Birmingham, secretary; Surgery, W. F. Westmoreland, Atlanta, president, and J. L. Cook, Jackson, Tenn., secretary; Ophthalmology, J. F. Herron, Jack-

son, Tenn., president, and A. B. Harris, Birmingham, secretary. Dr. W. W. Butterworth was appointed councilor for Louisiana. The next meeting will be held in Atlanta, the first Tuesday in November 1908.

Tri-State Medical Association (Mississippi, Arkansas, Tennessee) will meet in Memphis November 19th, 20th and 21st in the Auditorium of the Goodwyn Institute Building. All railroads entering Memphis will make the customary reduction in rates on the certificate plan and a programme of unusual interest is offered. A record-breaking attendance is expected.

BOOK REVIEWS.

OBSTETRICS. A Text-Book For The Use Of Students And Practitioners by J. W. Williams, Professor Of Obstetrics, Johns Hopkins University; Obstetrician-In-Chief To The Johns Hopkins Hospital; Gynecologist To The Union Protestant Infirmary, Baltimore. Second Enlarged And Revised Edition, With Sixteen Plates And Six Hundred And Sixty-Six Illustrations In The Text. D. Appleton & Co., New York and London.

Williams' first edition attained popularity from the first on account of the manner in which were presented the more practical features of obstetrics, describing clearly those conditions met at the bedside with which every practitioner must be familiar. In the present edition we find a re-arrangement of the toxemias of pregnancy and added sections on vaginal Caesarean section, pubiotomy and contractions of the pelvic outlet. In a word the advantages of the first edition are retained and valuable features added, keeping the work in the front ranks of obstetrical texts where it has always been.

HEART DISEASE AND BLOOD PRESSURE by L. F. Bishop A.M., M.D., Clinical Professor Of Heart And Circulatory Diseases, Fordham University, New York City. E. B. Treat & Co., 241-3 West 23rd St., New York- Price $1.00.

The argument in this little book is well taken and well sustained and but for the unfortunate heading of the last chapter would be excellent throughout. But Hypertonia Vasorum *Idiopathica* (italics ours) is an anomaly—or rather an absurdity—that we cannot swallow in this day and generation and that the very text of the chapter itself contradicts.

MISSISSIPPI MEDICAL MONTHLY.

VOL. XII.] DECEMBER 1907. [NO. 8

*CONSERVATIVE "FORCEPTRY."

LEO NEWMAN M.D.,

ECRU.

The fact that the question as regards the use of forceps and the proper time to demonstrate the use of them has received widespread attention at the hands of the profession, and opinions widely diverging on the subject, not by the lukewarm and unprogressive but the leading and most influential lights of the fraternity of physicians, those who are looked upon and of a right should be considered authorities, are plain and outspoken and firm in their utterances and convictions, should be the "golden thread running thro' the length and breadth of one's thoughts" when silently and reverently he enters the lying-in chamber. In some respects at least, this event in a woman's life is approached and dreaded beyond the tongue of man to explain and it behooves us as the custodians of these patients' lives for a time to look well before we undertake to hurry matters by artificial means or appliances. That there are cases that call for instrumental interference we cannot contradict, yet there are cases where instrumental interference is abominably uncalled for and nature, the wonder-worker, blushes for shame at the wanton intruder.

Some of our eminent obstetricians in their discussions at the Association meeting last spring went so far as to recommend the use of blades to avoid the usual amount of suffering on the part of the parturient woman even in a physically normal labor, regardless of subsequent consequences, just to save time and accede to the wishes of the patient. This we wish to stamp with our unadulterated condemnation. That we have cases of labor, long drawn out and tedious, whose physical aspects are normal, neither you nor I can foster up a doubt, and to apply the forceps in simple protracted labors without abnormalities save only tediousness, is in our judgment, cruel, virtually criminal, and uncalled for at the hands of rational obstetricians to say the least. Nevertheless it is a legitimate procedure to use the forceps and while the sphere of application has largely increased of late years, according to

*Read before the Pontotoc County Medical Society.

opinions of men, yet this fact does not supercede the fact that conservative action is and should be necessary in their application. Many cases are on record where the absolute necessity of the forceps is unavoidable and demanded by reason and common sense, but to use instrumental means just because of protracted labors and to get away from your patient on account of rush of business, an inviting repast to which you are an invited guest, or the theatre, is in the honest, candid opinion of your writer unprofessional, unethical, exceedingly detrimental to your patient's welfare and a blur on the integrity, honesty and professional character of an honest obstetrician. Yet notwithstanding this it seems that the statistics show a maternal and foetal mortality due to the misinterpretation of the indications for the use of forceps in labor cases, and it is beyond question of doubt that these vary a great deal more that the observer first supposes. It is unmistakably a fact that, in certain cases, we can seize the head of the child and by this means assist the mother to do that which exhausted and worn nature has failed to accomplish, to overcome some of the defects of nature's methods. But this must not be done save only as a last resort and to save long suffering alone, because any labor case of however short duration is long to a woman, even though of a single hour's length. Too little thought is given, as a rule, to the irrationality of the indiscriminate use of instruments. Experimentation and over-zealousness, on the part of young physicians especially, are responsible for a great many of the lacerations of perineums and later cervical ulcerations, companion diseases from usually a common cause.

Now let us proceed to enumerate the principal and indeed, to conservative obstetricians, the only cases where this glorious yet much abused instrument is of a necessity called into action.

Where the head is unmistakably immovable and the chin is flexed on the symphysis pubis.

Delayed or lingering labor where the mother is exhausted (see to it that she is exhausted) with a rapidly increasing pulse-rate and painfully abnormal nervous manifestations.

Where the head is in the superior strait, chin in front and face fixed laterally.

In threatened hemorrhages from obvious causes, impending convulsions, known cardiac deficiency, or hydrocephalus.

These conditions bring about the abnormal conditions met with in all lying-in chambers and all wise, truly cautious and conservative practitioners will look well on the first examination for disproportion between the parturient canal and the foetal head, and barring long continued impaction by slow dilatation, and with good roomy pelvis, it is the imperative and

should be the conscientious duty of the attendant to watch and wait. This is easily done and costs nothing and in many instances may be the means of a life-saving procedure.

The indiscriminate use of drugs is in my opinion contrary to conservative practice and should be abandoned and condemned along with meddlesome forceptry because of the physiological and pathological conditions of your clients. In the use of quinine in labors generally you can depend on one certain result for yourself alone, namely you can depart quicker and get to your theatre appointment on time. But does your patient reap any benefit therefrom other than to receive a painfully renewed activity of the uterine contractions which can be obtained by far more rational means. The alternate use of gelsemium and belladonna, five to ten minim doses, will give the desired result and you have the satisfaction of knowing you are not adding fuel to the flame of the already overflowing cerebral disturbances produced by the excessive nerve stimulation. A watchful obstetrician will look well to the nervous condition of his patients, those conditions brought about by impending symptoms of eclampsia and threatened convulsions. This should be the dial upon which the conservative hand should point as an index for the administration of quinine. We know full well that anaemia is almost a constant condition in puerperal eclampsia and we should, for the sake of our patient's safety and that of our reputation, be diligent in the search for such conditions lest we do an irreparable injury to both. Quinine can and does act injuriously by increasing the already existing extreme anaemia and also acts detrimentally to the already poisonous products of the blood. Veratrum in small doses, five to eight minims, we are all acquainted with and it is a happy procedure in headaches, weak and feeble pulse and pains, and has always given good results for me in such conditions. In a practice of more than ten years duration, I have had the good fortune to abstain from the use of forceps save in two cases. And as for mortality, I can claim a clean record, which I deem myself justifiable in mentioning without boast or undue egotism on my part.

The wholesale administration of ergot is an uncalled for and exceedingly dangerous procedure and should be relegated to oblivion because of its tendency to do harm by producing too violent contraction, thereby endangering the unobstructed passage of the placenta and debris by the natural after expulsive pains, and the free flow of the lochial discharges nature has provided for the antiseptic cleansing of the uterus. Many cases of fever can and have been ascribed to and are directly caused by this retention and this fact alone should be a gentle

reminder when we undertake the over-dosing with this powerful astringent remedy. I am a disciple of both quinine and ergot, not only in obstetrical work but in many other things in the field of practice, but conservatively so. These remedies are too often called upon to do things they are capable of doing not conservatively and it is to the valuable use and not the abuse we would call especial attention in obstetrical work. If quinine should be resorted to it should be done after a careful inquiry into such conditions named above and such conditions eliminated from the list. If contractions are still feeble after you have given the initial trial of the veratrin and belladonna alternately, then small doses of the extract of ergot, five to ten minims repeated often, will in the majority of cases give the desired result, and your patient proceed to successful delivery in due time. Your writer depends greatly upon different positions of parturients. I invariably have my case assume the sitting posture as long as it is possible for her to stay out of bed, and again walk about the house gently, and many times I have had the satisfaction of seeing my patient renew her efforts and stimulative, healthy pains re-established or assisted to such an extent that labor was soon terminated in a very short while. We as sensible, conservative physicians should bear in mind these important items. Though apparently insignificant to the unthoughtful, they are of incalculable aid to and for your trusting, innocent and in many cases ignorant clients.

As regards the preparation for the introduction of forceps I know of no better idea or plan than that of an eminent obstetrical authority, Dr. Briggs of St. Louis, which is as follows: "Before employing the forceps we must bear in mind a few preliminaries. It is very essential that you gain the confidence of your patient, The membranes must be ruptured, as well as dilated to a certain extent, bladder and bowels emptied of their contents, as this gives more room, and the position of the foetal head accurately and unmistakably located. Above all else do not overlook antiseptic precautions. The parturient placed in the proper position to facilitate the easiest manner of introduction of the blades and your supply of drugs and other accessories close at hand so that in case of accident you would not only be forewarned but forearmed. Everything coming in contact with the parturient canal unmistakably antiseptic. A cool head, a firm hand, gentleness and common sense, all essentials, will carry you through this ordeal together with your patient, because your patient is confident, you are confident, the people in the adjoining room are confident and these things considered surround you with an air of complacency irresistable and assuring."

I hope, gentlemen, that I have been able to interest you for a time at least and if so I feel amply paid for my effort. Be conservative in all surgical procedures and hold fast to that which is in your judgment right, then in the language of the paraphraser who beautifully writes:

"Living as we do to-day, amid the wreck of tottering and ruined institutions of convulsed opinions as to when one should resort to the use of the instruments now in existence, it would savor of over-delicacy to criticise too severely the conservative physician of to-day. Through the years that have backward passed into eternity the human soul has ever burnt the incense of admiration and reverenced at the shrine of conservatism."

---

*SPASMODIC ASTHMA.

A. L. MORRIS M.D.,

GULFPORT.

It has been my fortune, or misfortune, to have met with a goodly number of patients suffering with this most intractable disease, before and since my residence here. I have observed also that there is a high percentage of asthmatics now living upon our coast. Both facts serve as an excuse, if one is needed, for inviting your attention to this subject; one, I fear, we often eliminate from our private studies, endeavoring to take comfort from the prevailing idea among the laity that the disease is incurable. A proposition, however humiliating to the medical man, which we cannot conscientiously deny.

It is only by continued effort in any field of action that success may crown our labors. The call to "retreat" is not known to the physician in the battle for the prolongation of human life. And only when the Grim Reaper claims his own can we fold our hands with the satisfaction that we have done our best. And even after death has closed the scene, the student pursues his investigations along pathological lines and to rational therapeusis. This is not the time or place for an extended dissertation upon so trite and time-worn a subject, hence much will be passed over. The symptoms of spasmodic asthma need only to be touched upon. They are well known and easily recognized. The history of previous attacks, coupled with the long-delayed expiration, with general sibilant rales,

*Read before the Harrison County Medical Society.

changing from the highest pitch to those of lower degree, not unlike the notes of some musical instrument with all the keys sounding at once; often cyanosis. Erect posture, weak and accelerated pulse, expectoration of white glairy mucus, facial expression of impending dissolution, and often the amelioration of all symptoms as suddenly as the onset of attack. All make a picture easily recognized. The medical world is not a unit as to the cause or causes of these asthmatic attacks, probably on account of the fact that the disease is often masked or accompanied by other diseases viz: bronchitis, and dyspnoea accompanying valvular disease, and parenchymatous nephritis. Still there is little difficulty after learning the history of previous attacks.

I believe it is commonly accepted that true spasmodic asthma is a derangement of the innervation of the respiratory apparatus, hence the lack of harmony and rythm in the inspiratory and expiratory efforts.

Whether this is due to the narrowing of the bronchi by spasm of their muscular coats or wholly due to spasm of the diaphragm and costal muscles, there is some contention among our best thinkers. Evidences of the latter theory are that during the attacks the aspect of the patient is that of muscular rigidity; the thorax and abdomen appear fixed and immovable. The heaving and expansive efforts so noticeable in other forms of dyspnoea are not so pronounced in true asthma. In the latter the diaphragm remains depressed, as if arrested in inspiration. The muscles of the distended abdomen grow hard and tense, endeavoring in vain to overcome the resisting diaphragm and assist expiration. It must be remembered that in obstruction of the respiratory tract, as in laryngeal croup, oedema glottidis, etc., we have these conditions practically reversed; there is obstruction to inspiration, which becomes the alarming symptom, the expiratory effort being almost nil. We have sinking in of the ribs to which the diaphragm is attached, even during inspiration. Just why we have this reversed condition due to obstruction in the bronchi is not very clear.

It would seem that bronchial spasm does not satisfactorily account for the conditions present; as it would affect both expiration and inspiration equally; unless it can be shown, as some have believed, that the circular fibers have a valvular action, easily permitting the air to enter the smaller ramifications of the bronchial tubes and prohibiting, mechanically, the expulsion. This, however, is difficult to demonstrate and is altogether hypothetical and it is noticed by auscultation that there is not the altering of the sibilant rales as to quality and pitch, that one would naturally expect if this valvular mechanism did in reality exist.

On the other hand diaphragmatic spasm explains away many of the discrepancies existing between the two prominent respiratory movements, since it is a well-known axiom that partially cramped voluntary muscles, like the diaphragm, can always be stimulated to further contraction, though disinclined to further relaxation, e. g.: tetanus, in which the tonic rigidity of the muscles never entirely gives way. Moreover the contention that the depressed state of the diaphragm is a passive condition due to over-distention of the lungs with residual air, to my mind is satisfactorily answered by the muscular contraction of the abdomen above referred to, and quite different from the passive distention of the abdominal wall when the diaphragm is depressed, as in emphysema. Again the asthmatic paroxysm is nearly always aggravated by movements which occur only in the diaphragm. Patients dread to laugh or do anything which slows or checks relaxation of this muscle. Conversely it is difficult to conceive just how these actions could in any way affect bronchial constriction alone.

So we conclude that it requires both hypotheses to account for conditions generally found. As has been remarked these adventitious sounds are purely tubular and of shifting character, hence it has been suggested that they are produced by *waves* of contraction in the bronchial walls and not by diminution of the caliber, as would be found in oedematous conditions. It is also urged that these rales are simultaneous with the onset of the attack. Lebert seems to have offered the most rational view in his claim that the paroxysm begins with spasm of the bronchial muscles, somewhat as the onset of epilepsy often begins, with a special group of muscles, and then spreads to other and wider muscular associations.

Recognizing this intimate relationship of the respiratory muscles, it is easy to conceive how enervation of the bronchial muscles may be quickly transmitted to the diaphragm and thus check the return of inspired air. A few respirations would serve to inflate the lungs to the extremest degree, and the whole expiratory apparatus would join in the spasm, and complete the appalling picture of dyspnoea so often encountered by the physician. The uric acid diathesis is generally conceded to be an important factor in the causation of asthma. It is very evident that agents looking towards the elimination of urea are usually of great benefit. Simple irritation of the olfactory, as a burning match, pollen from some plants, the savory odors from a cooking meal, often excites an attack. Abnormal conditions existing in the gastro-intestinal tract, constipation, indigestion, etc., vitiated secretion, with resulting autointoxication; any or all may act together to precipitate an

attack. It is a common observation that most asthmatics are also dyspeptics. There are other causes so occult that it is often a most difficult task for us to locate.

In a few thoughts on treatment it has been remarked that probably there is no one disease that inflicts mankind that has had wider range. Almost the whole materia medica has been made to play its role. And to-day there are "many men of many minds" as to the proper treatment.

The first desideratum at the bedside is to relieve the paroxysm and give your pleading, gasping patient tranquil breathing and restful sleep. Few things serve better to do this than the hypodermatic injection of morphia and atropine, from ⅛ to ¼ of the former and 1-150 to 1-100 of the latter. Arouse the secretory apparatus with the mild chloride and follow with sulphate of magnesia. My habit is to begin the use of granular effervescent citrate of lithia at this point, as it is a most excellent uric acid solvent. Chloral hydrate, hyoscyamus, stramonium, duboisin, and others of that group have their votaries, each physician favoring that special drug that has served him well. I have found in some cases that the hypodermatic injection of three to five minims of adrenalin chloride has given me very happy results, as it has no immediate evil effects. However, I have seen its continued use result in impoverished blood and constriction of the arterioles, resulting in alarming anaemia.

After the paroxysm has been relieved we reach the point that puts to the test the professional acumen of the closest student and most observant clinician: the ferreting out the source of reflex irritation will be a long stride in bringing order out of chaos.

The examination of the Schneiderian membrane may show a high rate of inflammation and turgidity, or perchance a nasal polypus may be revealed. The removal of this and the mild cauterization of the inflamed areas under cocaine may bring the case to a happy termination.

The iodide of potassium plays an important role in the prescriptions for this disease, combined, of course, with many adjuvants, as lobelia, grindela, arsenic, etc., for its eliminating effect and thus it becomes a most excellent prophylactic. Along this line I desire to say that as a preventive I have found arsenic, in combination or alone, pushed to tolerance, of more service to me than possibly any other remedy. I have been able to ward off attacks for years by its careful use. Grindelia has only been a disappointment in my hands.

For the last few years I have been prescribing a remedy first recommended by Dr. Hobart A. Hare of New York

City, better known as Hare's anti-asthmatic. It is now put on the market under that name, by some of the laboratories. In each fluid drachm of it we have sodium iodide two grains, sodium bromide two grains, euphorbia pululifera three minims, nitroglycerine 1-100 grain, tincture lobelia two minims. This I have found very helpful in those bronchial forms in which the cough is tight and expectoration scanty.

I have been often asked by my patients if residence along the sea coast would benefit them. I have usually evaded a positive answer, since some are permanently benefited and others are not; and some seem to be adversely affected. I mention this in order to get an expression from the gentlemen composing this society as to their opinion and observation.

Now I have very hurriedly touched upon some of the salient points that have presented themselves to me. A great deal has purposely been passed over. If the offering of these few thoughts, though not logically arranged and but poorly presented, shall provoke a discussion that may bring us nearer the goal of our ambition as medical men and benefit some poor sufferer from this direful disease, then I shall try to forgive the importunity of my friend, your most worthy secretary, for soliciting this paper.

---

*SOME ANCIENT AND MODERN THEORIES AS REGARDS THE PROPAGATION AND TREATMENT OF MALARIAL DISEASES.

H. C. BUCK M.D.,

FRIAR'S POINT.

By ancient I mean a period ending in 1895, or ten years ago, as ten years seems to be considered very ancient by many of the present day. In an article published in the *Journal A. M. A.*, the writer advocates the doctrine that all medical text books should be burned after being in print ten years. He says: "If a man has done his work before he is fifty and ought to step aside and give place to the young, the medical text book has outlived its usefulness in one-tenth of that time." He says further: "The antiquated text book of medicine is a positive and wide-spread danger to society; it perpetuates and makes active the baleful influence of our medical forbears." After reading this article I was led to study some of these "antiquated books" in order to (if necessary) steer

*Read before the Clarksdale and Six Counties Medical Society.

clear of "the baleful influence of our medical forbears." I will give the results of my studies as regards malaria. In Dunglison's Practice published in 1842, the writer says: "The great exciting cause of intermittents is doubtless some emanation of whose nature we know nothing, which under favoring circumstances is exhaled from certain localities and not from others; the localities in which its effects are most observed are so generally marshy that the name *marsh poison* or *marsh miasm* has been given it. It does undoubtedly arise, however, in districts that are by no means paludal and hence the Italian term malaria which merely means "bad air" is a preferable term and is generally adopted."

In the *Reference Hand Book Of Medical Science* for 1887 is an article on malaria by Dr. Charles Smart, who says: "Malaria in the widest acceptation of its meaning, signifies air which has been rendered so impure from any cause as to produce harmful effects on the human system." Bartholow in 1895, in speaking of malarial fever, says: "The great etiological factor is malaria" and mentions Laveran's discovery of plasmodium malariae. He says further: "Marshes or moist alluvium subject to annual overflow and exposed to the action of the sun by reason of evaporation or subsidence of the water, is peculiarly active in the production of the poison." Again he says: "That malaria is soluble in the surface water of infected districts seems now to be well established."

In Hare's *Practice* 1905 we find: "By malarial fever we refer to a condition produced by the entrance into and the development in the blood of a specific micro-organism known as plasmodium malariae."

From the earliest history of malaria down through the ages to 1895 the prevailing opinion has been that the poison known as malaria was in the soil of swampy or marshy localities and was diffused in the air and absorbed by the surface-water of these localities.

In 1887 Dr. Smart says: "Perhaps the most amusing as well the most puerile of the theories offered as a substitute for the marsh miasm is that which refers malaria to mosquito bites. The bulletin of the Philosophical Society of Washington in 1884 gives an abstract of a paper which, after stating the generally admitted facts with regard to malaria, claims that these are insusceptible of scientific explanation by the ordinary marsh poison hypothesis, but are capable of explanation by the theory that marsh fevers are produced by the bites of proboscidian insects, notably by mosquito bites. The philosophic gravity with which this assumption is discussed creates the impression that the paper was intended as a satire on the

tendency of the medical mind to theorize on short-sighted views; but instead of this the paper seems really to have been an illustration of this very tendency."

Dr. Smart's comments illustrate the reluctance with which most physicians accept new theories.

Dunglison is silent as to how the poison reaches the system, but we are led to believe it does so through the air passages by inhalation. Dr. Smart says: "Malaria has generally been supposed to enter the system by way of the lungs, sometimes, however, the skin has been regarded as the absorbent surface. But on the theory of a causative micro-organism, the natural pabulum of which is the fermenting organic matter that is contained in its natural habitat, the soil, the entrance to the system would seem rather to be effected by way of the intestinal tract than by either the cutaneous or pulmonary surfaces." Bartholow is not explicit, but leaves the impression that the entrance to the system is effected through the intestinal tract in the water drunk and through the lungs in the air inhaled. Hare positively asserts that the mosquito is the only way by which the human system can be effected. He says: "The frequency of malarial fever varies greatly and depends entirely on the presence of the anopheles, the sources for its infection and the climate which permits the growth of the mosquito."

In the *Journal A. M. A.,* Nov. 10th 1906, page 1600, is a short article, "Pathogenesis and Prophylaxis of Malaria," which says: "Kelch does not deny the mosquito theory of the transmission of malarial infection, but he believes that this does not exhaust all the possibilities of transmission of the infection. Experience has too often demonstrated that epidemics of malaria follow extensive turning up of the soil in excessively hot seasons, ingestion of dust-laden food, over-exertion, and other faults against hygiene.

"The distribution of the anopheles, also, does not always correspond to the distribution of malarial foci, and there can be no doubt that the hematozoon finds other ways of access to the body than through the mosquito bites.

"In all his experience with malaria in France he has never known of an instance of the direct transmission of malaria from man to man.

"Malaria is very prevalent in Madegascar at present, and he ascribes the epidemic to the extensive sanitary works now under way there."

I quote this short article with pleasure, as it so accurately describes my own opinion of the mosquito theory.

Complications are usually extremely urgent and the stom-

ach is frequently so irritable as not to bear either emetics or carthartics. Blood letting has been found beneficial in such cases, especially where the arterial reaction was very violent. Hare says further: "It appears to be the opinion of the generality of writers who have witnessed remittent fevers in their greatest malignancy, that large doses of calomel are necessary. To make an early and decided impression upon the system it is generally advised that the calomel should be given in large and repeated doses, twenty grains for example every four or five hours, and that it should be continued until the gums exhibit its influence or the evacuations become conspicuously bilious; in all such cases quinine must be given in large doses and at short intervals so as to make a decided impression and prevent the return of the fever."

In 1870 I heard Dr. T. S. Bell of Louisville, Ky., say to his class, when lecturing on the treatment of pernicious fever: "In these cases give quinine—give plenty of it; I would not hesitate to give an ounce for a dose if necessary, as it is harmless."

The treatment as given by Dr. Smart in 1887, is: "During the intermission in some cases where there is a badly coated tongue with sluggish action of the bowel and clay-colored stools, it is well to begin treatment with a few small doses of calomel, one-quarter to one-half every two or three hours, followed by a saline cathartic at the end of twelve or twenty-four hours, but it is very important that no time should be lost in this preliminary treatment to the exclusion of quinine, for the two can to the very best advantage be used at the same time." He says further "The essential thing for the life of the patient is that he be immediately and profoundly brought under the influence of quinine and held there for several days, fifteen to twenty grain doses by the mouth every four to six hours during the first day or two days will not be too much."

Bartholow says: "In the treatment of ordinary intermittents our attention is directed to the prevention of future attacks. Although no preparatory treatment is actually required, better results are obtained if the gastrointestinal derangement be removed. If the tongue is heavily furred, the stomach irritable and the bowels constipated, the absorption of quinine is much hindered and its powers lessened. A grain of calomel, followed in four or six hours by a Seidlitz powder, or the latter without the calomel, will assist in the absorption of the quinine; the old plan, ten of calomel and ten of jalap, is no longer pursued."

Hare, 1905, says: "In the treatment of intermittent fever the fact is always to be borne in mind that in quinine we have

a true specific for the disease." Again he says: "It must not be forgotten that quinine cannot destroy the malarial parasite until it (the quinine) has entered the blood; that it cannot enter the blood until it is absorbed, etc. It is therefore essential in almost every case of intermittent fever that the bowels be thoroughly unloaded, preferably by full doses of calomel of which not less than five nor usually more than twenty grains are required, this in turn being followed by a saline purge."

In the treatment of estivo-autumnal fever he says: "The value of large doses of calomel, amounting to twenty or even thirty or forty grains, for their effect in overcoming hepatic torpor cannot be denied; all practitioners of experience in intensely malarial districts are agreed on this point."

In comparing the treatment of intermittent fever as given over sixty years ago and that of late authorities, one is struck by their great similarity and is led to believe that late authorities are somewhat under "the baleful influence of our medical forbears." For instance from 1847 up to 1875 or later, the treatment was large doses of calomel as well as quinine, then we are advised to use one-fourth or one-half grain doses of calomel. Then Bartholow advises one grain of calomel but doubts the necessity of even that amount, while Hare, representing the present era, advises even forty grains if necessary, the object being to overcome hepatic torpor.

I believe the effect of large doses of calomel to be twofold; one, a very necessary one, is to thoroughly unload the entire intestinal tract and overcome auto-infection, in other words "clean out and keep clean" the intestinal tract; the other to overcome hepatic torpor. My opinion is that five or six drops of pure water will come as near doing this for the average man in this section as would one-fourth or one-half grain of calomel.

Is it not just possible that some of those old fathers in medicine stumbled on the truth occasionally and that their theories in regard to the propagation of malaria as well as their treatment was correct, even as much so as the theory of the present day in regard to the mosquito? Cannot both be correct? Also is it not just as possible that we can learn something from those "antiquated books" that may be of use to us?

MISSISSIPPI STATE MEDICAL ASSOCIATION.

PRESIDENT:—R. S. Curry, Columbus.

VICE-PRESIDENTS:—H. R. Shands, Jackson; T. F. Elkin, Tupelo; R. D. Sessions, Natchez.

SECRETARY:—E. F. Howard, Vicksburg.

TREASURER:—J. F. Hunter, Jackson.

DELEGATE TO COUNCIL ON MEDICAL EDUCATION:—W. M. Paine, Aberdeen.

DELEGATES TO A.M.A.:—Jno. Darrington, Yazoo City; alternate W. H. Harrison, Tutwiler.
W. W. Crawford, Hattiesburg; alternate H. M. Folkes, Biloxi.*

COUNCILORS:—1st District J. W. Gray Jr., Clarksdale.
2nd District J. B. Bullitt, University.
3rd District W. C. Spencer, Verona.
4th District R. S. Curry, Columbus.
5th District C. M. Coker, Yazoo City.
6th District S. W. Johnston, Vicksburg.
7th District H. F. Tatum, Meridian.
8th District D. J. Williams, Ellisville.
9th District Wm. Neville, McComb.
10th District T. E. Ross, Hattiesburg.

COMMITTEE ON PUBLICATION:—E. F. Howard, Vicksburg; H. H. Haralson, Vicksburg; J. F. Hunter, Jackson.

COMMITTEE ON SCIENTIFIC WORK:—E. F. Howard, Vicksburg; S. W. Johnston, Vicksburg; J. W. Lipscomb, Columbus.

SPECIAL COMMITTEE ON LEGISLATION IN REGARD TO APPLICATION FOR LICENSE:—W. W. Crawford, Hattiesburg; J. W. Gray Jr., Clarksdale; E. Wright, Sardis; J. W. Lipscomb, Columbus; H. R. Shands, Jackson; J. W. D. Dicks, Natchez.

COMMITTEE ON MEDICAL EDUCATION:—C. D. Mitchell, Pontotoc J. A. Dilworth, Aberdeen; N. L. Clarke, Meridian.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION:—J. D. Donald, Hattiesburg; W. C. Spencer, Verona; W. C. Brewer, Columbus; R. S. Curry, Columbus; E. F. Howard, Vicksburg.

CHAIRMEN OF SECTIONS.

ELECTRO-THERAPEUTICS:—C. D. Mitchell, Pontotoc.
NERVOUS DISEASES:—J. R. Tackett, Meridian.
EYE, EAR, NOSE AND THROAT:—M. H. Bell, Vicksburg.
OBSTETRICS:—J. W. Eckford, Starkville.
GYNAECOLOGY:—C. E. Catchings, Woodville.
MATERIA MEDICA:—W. H. Frizell Jr., Brookhaven.
VENEREAL DISEASES:—W. F. Scales, Macon.
BACTERIOLOGY:—L. C. Feemster, Nettleton.
HYGIENE:—G. Baskervill, Winona.
MEDICINE:—D. W. Coker, Tunica.
TUBERCULOSIS:—P. W. Rowland, Oxford.
SURGERY:—J. E. Davis, Columbus.
DERMATOLOGY:—W. S. Cranford, Laurel.
PEDIATRICS:—A. G. Payne, Greenville.

*Appointed in place of H. B. Powell, Ocean Springs, who is ineligible.

MISSISSIPPI MEDICAL MONTHLY.

E. F. HOWARD B.S., M.D., EDITOR AND PUBLISHER.

ASSOCIATE EDITORS

B. B. MARTIN M.D., Vicksburg. H. L. SUTHERLAND M.D., Rosedale.
H. M. FOLKES M.D., Biloxi. M. H. BELL M.D., Vicksburg.

OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

Through the courtesy of Drs. B. A. Shepherd, R. S. Toombs, H. A. Minor, H. L. Sutherland and H. H. Haralson, the secretary has secured a complete file of the *Transactions* from 1877 to date, excepting the issues of 1898 and 1900. Members possessing any of the missing copies are earnestly requested to communicate with the secretary.

There is an irregularity, too, concerning which information is asked. The issue of 1877 bears on its cover the statement that it is the tenth volume. But the statement is made in the report of the secretary, H. H. Haralson, in 1883, that the issue of 1872 was the "first complete volume" published. This would make 1877 the sixth volume. Will some one of the veterans endeavor to straighten out this tangle and, perhaps, unearth some of the missing volumes? The Association once had a complete file beginning with 1872 and there must be some copies of the early issues extant.

It has been suggested that the Association should preserve a record of its presidents, and acting on this suggestion an effort has been made to obtain the records, at least as much as is now kept of all the members, of the men who have been honored by the highest office in the gift of the Association. Here again the secretary struck a "blind trail" and asks for information concerning S. V. D. Hill, president 1870-1; C. B. Galloway, 1872-3; J. M. Taylor, 1873-4; M. S. Craft, 1875-6; R. J. McCormick, 1876-7; B. A. Vaughan, 1877-8; E. P. Sale, 1879-80; W. F. Hyer, 1880-1; Wirt Johnson, 1882-3; N. L. Guice, 1887-8; and G. W. Trimble, 1890-1. All these men aided in the making of the Association and should not be forgotten by us who are reaping the benefits of their labors. We have already let these matters lie so long that at best our records will be somewhat incomplete and each and every member of the Association is urged to do whatever he can to help the work along.

CORRESPONDENCE.

COVINGTON-SIMPSON COUNTY MEDICAL SOCIETY.
SEMINARY, MISS., Nov. 2nd, 1907.

Dr. E. F. Howard, Sect'y Miss. State Med. Ass'n, Vicksburg, Miss.:

Dear Doctor: I enclose you a letter to Dr. J. H. Temple of this place, from The New York Life Insurance Company, which is self-explanatory. Please publish same.

Respectfully,

H. F. GARRISON.

NEW YORK LIFE INSURANCE COMPANY.
NEW YORK, Oct. 28th 1907.

Dr. J. H. Temple, Seminary, Miss.:

Dear Doctor: We regret extremely to note that it is no longer agreeable to you to act in accordance with the Company's Graded Fee Schedule, and we have accordingly notified the Company's agents that you have resigned your position as Medical Examiner. We wish to point out to you that the Graded Fee Schedule is a fixed rule of the Company and one from which we cannot under any circumstances depart. It is impossible, therefore, for us to make any exceptions to it either individually or in any particular locality, and if you should be called upon in the future to make examinations for this Company, please bear in mind that such examinations must be made in accordance with the terms of the Fee Schedule. The position outlined above is unalterable, notwithstanding any statements to the contrary which may be made to you by Agents or other persons claiming to represent the Company.

Very truly yours,

OSCAR H. ROGERS M.D.,
Medical Director.

SOCIETY PROCEEDINGS.

HARRISON COUNTY MEDICAL SOCIETY was called to order Nov. 12th with Dr. Carroll of Biloxi, in the chair, our president being absent. Those present were Drs. Carroll, Parker, Capps, Anderson, West, Richardson, Tarry, Cowart and West. There being no unfinished business and clinics, the society

proceeded to have the papers. Dr. Lebaron of Gulfport presented an excellent specimen teratoid with report of same. This proved an interesting subject and was discussed by various doctors present. As all other papers failed to show up, the Chairman asked Dr. Parker, who has just been to New York, to tell us something of the various operations which he had seen there. The doctor kindly gave us a talk concerning the New York hospitals and especially mentioned the large number of operations that he had seen for ectopic pregnancies, and the slight symptoms on which the diagnosis was based. He expressed the belief that we often overlook such cases and ascribe the symptoms to other causes. The secretary reported that he had failed to refund all fines as directed at the last meeting because the society lacked the cash. He had also failed to write letters endorsing Dr. Sheely for place on the state board as directed, as Dr. Sheely flatly declined to accept the honor. Dr. E. C. Parker was unanimously selected in Dr. Sheely's place and the secretary was instructed to write as before directed.

Perry-Green County Medical Society met in regular semi-monthly session in its apartments in First National Bank building at Hattiesburg, Nov. 19th, at 8 o'clock p.m., with Pres. I. H. C. Cook in the chair and Sec'y S. Lewis Knight at his desk, and a large attendance. Clinical cases: President Cook reported and asked for a diagnosis of the following case: A woman eight months pregnant, with slight fever for three or four days; slight cold; bowels about normal; kidneys moderately active; with a hyperaesthesia of the entire surface of the body. Dr. Cook had diagnosed the condition uricacidemia. No other diagnosis was offered, but it was suggested that a urinalysis be made, which Dr. Cook had not had time to make. Dr. Cook had prescribed a saline laxative treatment with negative results. Antimalarial treatment was suggested. Dr. J. J. Stevens was selected to read a paper on scarlet fever at next session. The advisability of inviting Dr. McCormack, National Organizer of the A. M. A., to deliver a series of lectures to the doctors and laity of Hattiesburg and surrounding territory in the near future, was freely discussed, with the result that the invitation will likely be extended as soon as details can be learned. No further business, the society adjourned to meet on the 2nd of December at 8 o'clock p.m.

Sharkey County Medical Society will meet at the court house at Rolling Fork Wednesday December 4th at 10 o'clock a.m. for the final meeting of the year. Election of officers for 1908 will be held and a full attendance is requested, both for

this purpose and to meet Dr. S. W. Johnson of Vicksburg, the councilor of the district, who will make his annual visitation to the society at that time.

Tishomingo County Medical Society met Oct. 16th at Tishomingo City with Dr. N. C. Waldrip in the chair and a good attendance. Dr. Carmack, county health officer, discussed the recent small pox epidemic, which he had just succeeded in controlling, by compulsory vaccination, strict quarantine and other preventative measures. He urged that each doctor in the county be very watchful of all eruptive fevers and made a point to impress on all present the necessity of watching for the mild cases, and also ordered that vaccination be rigidly enforced in all cases that had not the evidence of a successful vaccination, believing that one vaccine scar would guarantee sufficient immunity to prevent the spread of the contagion. He reported, as proof, cases of very old people who were vaccinated years ago and had nursed severe cases in this epidemic and without infection. Dr. McRae, discussing, said that those old people were vaccinated with humanized virus, which gave a more lasting immunity than the bovine virus now. Dr. Bostick then reported several interesting cases. One a lady fifty-four years of age, who had a rapidly developing cystic tumor of ovary, had been tapped and large amounts of fluid drawn at various times. The patient continues to do her heavy house and some farm work. Another case of a male thirty-eight years old who had been treated for blood in urine by another doctor, with usual diuretics. Finding no albumen, sugar or pus, but alkalinity with high specific gravity, tried benzoic acid which acidified the urine but made no other improvement. Noticing the hemorrhage worse every other day, the doctor tried quinine, which treatment resulted in a perfect cure. The doctor then reported a case of an infant with cleft palate, the bone for a short distance on each side of the cleft extending out one-half-inch in front of the lip. Several doctors then reported cases of monstrosities with which they had dealt, resulting in a warm discussion on maternal impression. The subject of contract practice was then discussed and decided on as being contrary to the best interests of the people as well as the doctors. On the question of fees for insurance examinations the society stands by the Gulfport resolutions. Next meeting will be held in Tishomingo City, January 1st.

Southern Surgical and Gynecological Association will meet at the St. Charles Hotel, New Orleans, Dec. 17th, 18th

and 19th. The customary one and one-third rate has been granted by the railroads and the St. Charles Hotel has made a special rate for the occasion. Among the names on the very attractive programme are noted Kelly, Murphy, Deaver, Matas, McGuire, Cartledge and Mayo—enough to ensure an excellent attendance and an interesting meeting.

BOOK REVIEWS.

THE INTERNAL SECRETIONS AND THE PRINCIPLES OF MEDICINE by Chas. E. de M. Sajous M.D., Fellow of the College of Physicians of Philadelphia; Member of the American Philosophical Society, the Academy of Natural Sciences of Philadelphia; etc. Vol. II. Twenty-five illustrations. F. A. Davis Co., Philadelphia.

This volume consists of a study of the adrenals and the action of their principle; the pituitary body as a governing center of vital functions; the leucocytes, pituitary body, thyroid, parathyroids and adrenals as the fundamental organs in pathogenesis, immunity and therapeutics; and the internal secretions in their relation to pharmaco-dynamics, pathogenesis and therapeutics. The discussions are extremely exhaustive, so much so as to require very careful reading, and interspersed with copious quotations and references after the well-known manner of Sajous, making the book one that will not be picked up when concise, exact information is wanted in a hurry but rendering it extremely interesting when one has time to go fully into the subject or wishes to collate a variety of opinions without the trouble of looking out the original articles as would be necessary to get them at first-hand.

DISEASES OF THE NERVOUS SYSTEM. Edited by Archibald Church M.D., Professor of Nervous and Mental Diseases and Medical Jurisprudence, Northwestern University Medical Department, Chicago. An authorized translation from "Die Deutsche Klinik" under the general editorial supervision of Julius L. Salinger M.D. One hundred and ninety-five illustrations in the text and five colored plates. D. Appleton & Co., New York.

This is a collection of articles by men who have devoted much time and attention to this special subject, and while the manner in which they are written is typically German in its thoroughness and painstaking attention to detail, they treat of so absorbingly interesting a subject in such a clear and comprehensive style that one finds it difficult to lay the book aside.

Probably the most striking feature of the work is found in the parts devoted to therapy. The treatment of nervous diseases is a subject on which the average practitioner has rather hazy ideas, and in the present day of therapeutic nihilism it is especially interesting to find men, in the forefront of this special class of work, who develop and advocate such a variety of rational treatment. For this feature, beyond all others, the book is heartily commended to our readers.

A TEXT-BOOK OF PHYSIOLOGY. By Isaac Ott A.M., M.D., Professor of Physiology in the Medico-Chirurgical College of Philadelphia. Second Revised Edition. Illustrated with 393 half-tone engravings, many in colors. Royal octavo, 815 pages. Bound in extra cloth. Price, $3.50, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

A work creditable alike to the author and publishers. It is, in truth a monumental work, one that reflects credit upon American medicine, as it tells principally of the experimental work (unlimited in America) in physiology of one of our first experimenters. The language used is so simple, and there is such a manifest avoidance of technical terms, that a layman may read it and not be in constant doubt as to Germanized phrases. The illustrations are ample and well executed, and the whole subject is brought up to date by the inclusion of a section on opsonins. We have noted but one fault in the book; in the section on Theory Of Urinary Secretion but one is mentioned, while two other equally plausible theories might have been advanced.

S. Myers M.D.

NOTICE.

So great has been the demand, that W. B. Saunders Company, the Medical Publishers of Philadelphia and London, have found it necessary to issue another revised edition of their illustrated catalogue of medical and surgical books. In looking through the copy we have received, we find that since the issuance of the last edition six months ago, the publishers have placed on the market some twenty-five new books and new editions—truly an indication of publishing activity. The colored insert plate from Keen's New Surgery, which enhanced the value of the former edition, has been replaced by a new one from the second volume of the same work, and this alone gives the catalogue a real value. A copy will be sent to any physician upon request.

MISSISSIPPI MEDICAL MONTHLY.

VOL. XII.] JANUARY 1908. [NO. 9

PRESIDENT'S ADDRESS
TRI-COUNTY (Pike, Lincoln, Copiah) MEDICAL SOCIETY.

DUDLEY W. JONES B.S., M.D.,

FERNWOOD.

Gentlemen:

Pursuant to the custom that the outgoing president shall deliver to the last meeting of the year what is known as the "annual address," I shall take advantage of this occasion to say a few words to you by way of congratulation upon the past year's work of this society, and to make a few suggestions as to its future policy.

I congratulate you, first, upon the steady growth in membership of the Tri-County Medical Society. From an original membership of twenty, our enrollment has increased to sixty. The first membership consisted largely of physicians along the I. C. R. R.; now it is generally distributed over the country districts as well, so that the actions of this society may be considered fairly representative of the medical profession of the counties of Copiah, Lincoln and Pike. However, much remains to be accomplished to perfect the organization, and I would urge every member to exercise the full weight of his influence to induce all non-members in our district to identify themselves with us in this organization. Let us make a special effort along this line before the next meeting of the State Association.

Next, I wish to congratulate you upon the fraternal spirit which has prevailed in this society. From its inception to the present day, the utmost feeling of good fellowship has prevailed in all its meetings. I do not recall a single instance in which there was the slightest violation of this fraternal spirit; there has been no friction, no exhibition of hard feelings, no outcropping of that professional jealousy which has destroyed the usefulness of so many local societies. On the contrary, the most marked courtesy towards one another and a generous emulation for the common welfare, has been always in evidence. I believe that we have the most courteous, generous and unselfish lot of doctors in the state in our society.

I think it would not be immodest for us to congratulate ourselves here upon a most excellent year's work in the execution of scientific programs. We have never yet failed to

carry out a scientific program covering at least three to six papers, some clinical cases and discussions. And in not a single instance has the work been slighted, but all the papers have given evidence of study and research. The result has been a broadening of the technical education of our members in general.

Finally, I wish to congratulate this society upon its progress and enterprise as a part of the machinery of organized medicine. We have been the recipients of many compliments from the president and secretary of the State Association, and from other local societies. The symposium idea, which we have developed, has attracted attention; our papers have been printed in our state medical monthly as often as those of any other local society of the state, and have attracted attention outside the state; our symposium on tuberculosis, under the auspices of the Mississippi Chatauqua Assembly, was the first public meeting offered by a medical society in this state for the education of the public on that subject. Our special issue of the *Mississippi Medical Monthly,* paid for by the society, in which all the papers read at that meeting were printed so that they might be preserved in one volume, was an example of enterprise that other societies would do well to follow. At that same meeting was introduced the first call from the organized profession of this state for a state sanitarium for tuberculosis patients. This is a "consummation devoutly to be wished," and I hope our delegates to the State Association will urge its consideration by that body. Of course it will take time to persuade our legislators of the necessity and importance of such an institution, but we are beginning none too soon.

Now, having said this much by way of congratulation on past achievements, permit me to say a few words by way of suggestion for future work.

First, let me suggest the propriety of more frequent meetings. If we meet oftener, and at different places, it will bring into active association many whom we have thus far failed to interest. This applies especially to Copiah and Pike, where there are many physicians who have never attended a meeting of this society. If we adopt the regular A. M. A. course of study, as is now being done by many local societies, more frequent meetings will be a neccessity.

I believe that we should take up a regular course of study, and that a program for a year's work should be mapped out in advance. The advantages of such a course as an incentive to study, and as an inducement to attend the meetings regularly, are obvious. I recommend that we adopt the "Postgraduate Course for County Societies," as recommended by

the A. M. A., with such modifications as our executive committee may see fit to make.

We should work for an increase in the salary of our county health officers. While I do not believe that all county health officers should receive a uniform salary, adjusted by legislative enactment, for there is an essential difference in the relative importance of this office in different counties, yet I must admit that there is an unjust discrimination by different boards of supervisors. For instance, Copiah pays only ninety dollars a year, while Coahoma pays fifteen hundred dollars. Pike now pays two hundred dollars, while Lincoln pays four hundred dollars. Each of these counties should pay at least five hundred dollars, and we should interest ourselves in trying to get the respective boards of supervisors to see it that way. The health officer should then be required to keep a record of births and deaths in his county, and of deaths from contagious and infectious diseases, such as are embraced under quarantine regulations. Of course this would involve the keeping of such records by us all to assist the health officer, but that is simply an additional reason why it should be done; we ought to keep them anyway. I recommend the passage of a resolution asking the boards of supervisors of Copiah, Lincoln and Pike to pay their county health officers better salaries and require them to keep such a bureau of statistics, and pledging ourselves to render them every assistance by keeping such records individually and furnishing that information whenever called upon.

I have already said that I believe this society should give the weight of its influence to the project of a state sanitarium for tuberculosis patients. I believe we should go on record by presenting a copy of the Crystal Springs resolution on that subject to our respective legislators. I believe we should also endorse the project of a state charity hospital at Jackson, and so notify our legislators.

As the guardians of public health, I believe we should seek opportunity to educate the public in regard to that greatest destroyer of human life, tuberculosis; and, to that end, I recommend that we proffer our services to the public schools of our territory for public lectures on that subject, contingent upon invitations from them, of course. Our secretary might be instructed to notify the county superintendents of our disposition in the matter, and, in the event of a call without specifying whom they prefer, to assign some one to the work.

I would like to say a word here in urging our members to attend the next meeting of our State Association at Natchez. This will be one of the most important meetings in the history

of the Association; it therefore behooves every member who takes pride in the organization to lend the influence of his presence at the time. The perfecting of the resolutions on insurance matters will come up at that time, and I believe that our delegates ought to go instructed to work for the passage of a resolution making the Gulfport resolutions on insurance a test of membership in the State Association and the component society; making the component society the trial court, its action subject to review by the State Association on appeal of the defendant. There is no question now as to the authority to expel a member from our local society, but there is some question as to just where that would place him as a member of the State Association and of the A. M. A. That matter should be definitely settled, placing behind the local society all the prestige of the State and National Associations. If the local society furnishes the only door of admission to the state and national associations, it should also control the door of exit.

I wish to remind you here that our honorable secretary is chairman of the section on Materia Medica for this meeting, and we ought to give him a hearty support, seeing to it that the papers of his section meet with full and spirited discussion.

As a final recommendation, I suggest that this society pay all expenses of the secretary, and furnish the stationery and postage of the president and secretary for their official correspondence. These officers give their time and attention to the welfare of your society and, while it is a labor of love for them, they should not be allowed to be at outside expense in addition thereto. Right here allow me to say that our present secretary is certainly deserving of a vote of thanks for his tireless labors in behalf of this organization. If work is prayer, he has certainly held a continuous prayer-meeting. Your humble president has sat in the "bald-headed row" and cried "amen" for twelve months; now let the whole congregation join in the "doxology."

And now, gentlemen, allow me to thank you for your cordial treatment of your retiring president. He takes to himself no credit for the work this society has done, save only as an individual member. To the "esprit de corps" of the society as a whole, based upon the excellence of its members, is due all credit for the honorable record, past and future. I congratulate myself only in that it was my good fortune to serve as its president during such a fortuitions period of its existence. I wish to thank you for that honor, and to assure you of my hearty appreciation of the same. I trust that my successor may as thoroughly appreciate it, and that we may make it for him, as you have made it for me, a pleasure as well as an honor.

GUNSHOT WOUNDS.

O. N. ARRINGTON M.D.,
Mississippi State Charity Hospital,
VICKSBURG.

With the rapid stride of modern civilization, we are constantly meeting new problems to solve and as constantly find that old ways, however good they may have seemed in the past, must be remodeled to meet present expectations and demands. This is especially true of surgery, which has been surpassed by no science in advancement of those methods that contribute to success.

Gunshot wounds are always emergency cases to the physician first called in, and as much depends on the first treatment the patient gets, it behooves us to be posted on all phases of this class of injuries.

The general practitioner, or family doctor, is the first counsel and relief sought, and his advice and treatment are almost invariably taken as the best, and we should remember that in many cases a little bichloride solution, an antiseptic dressing, a little zinc oxide adhesive and a mild purge constitute all the treatment needed.

Inasmuch as the body is a very complex organism, we rarely have injuries involving a single tissue. In addition to laceration and contusion of muscular tissue, we may have fracture of bone, penetration or perforation of a joint, complete or partial rupture of blood vessels or nerves, followed by hemorrhage, aneurism or paralysis. Or we may have, in addition to the above, penetration or perforation of any of the great cavities or their contained viscera.

To simplify as much as possible, we prefer to consider the subject under general remarks, gunshot wounds of the extremities, of the skull and spine, of the thorax, and of the abdomen.

In the consideration of gunshot wounds in the texts of most authors, the subject is treated as if this class of wounds were almost exclusively confined to military service, but as there are few surgeons, comparatively, who ever see any except wounds inflicted by the modern S. & W. pistols and shotguns, it is hardly worth while to consider anything else.

In many of our most urgent calls, to a man who "has been shot to death," the examination will reveal a few oozing spots of bird-shot peppered here and there just under the skin, some of which may be picked out with tissue forceps and the rest, more deeply seated, let alone, the wounds being washed with an antiseptic solution and covered with Z O strips.

But in wounds inflicted with shotguns, carrying large shot, with pistols of modern make or with rifles, we find matters more seriously complicated. The most serious wounds in the extremities are rarely followed by death if properly treated. We occasionally have severe hemorrhage, in the event that the wound involves a large blood-vessel, but laceration and contusion, such as are inflicted by explosives, are conducive to hemostasis; hence in many instances where vessels of considerable size are injured, hemorrhage stops without intervention. Compensatory collateral circulation generally takes care of the part deprived of its blood supply by the destruction of its artery, though gangrene occasionally occurs. In one instance I have seen aneurysm follow a pistol-shot wound of the shoulder, the bullet entering just under the clavicle and lodging presumably, under the scapula.

Injury to nerves, though not causing immediate danger, often results in paralysis, perverted sensation, muscular atrophy and consequently a partial or complete loss of the usefulness of the limb. Especially has this been noticeable in my short experience with wounds involving the brachial plexus, which plexus is no doubt subject to the greatest exposure owing to the upright position of man, the facing of men in combat and the deflecting power of the ribs.

Injury to bone is an occasional complication that interests us, especially if it be to the humerus or femur; the upper end of the humerus is classically the seat of non-union. Penetration of joints complicates matters seriously; the knee joint has been aptly called the "peritoneal cavity of the lower extremity," and therefore a wound of this joint should demand the most careful attention.

As a rule we fear to probe a gunshot wound. As true as nature abhors a vacuum, human nature resents having a bullet left in the tissues and for this reason I fear that in some instances we probe the wound to satisfy and infect the patient. As this latter is one of the greatest complications we have to fear, it is far better to leave out the probing until we can do a clean operation for localization and removal.

Nature has hidden as deeply from danger as possible the brain within the skull and the cord within the spine, but occasionally we find gunshot wounds involving their substance. Of the skull we find both penetrating and perforating wounds, and since the inner table is the most brittle of the layers of the skull we should expect, and usually do find, spiculae of bone producing pressure at the fenestrum of entrance; hence the necessity of trephining and relieving such pressure. Scalp wounds heal very readily and with proper shaving and asepsis we have a comparatively safe field for operation.

In wounds involving the cord we have very little to offer. The prognosis is always bad. Suture of the cord with partial restoration of function has been reported in two cases. The symptoms of greatest annoyance in these cases are referred to the bladder and rectum, and decubitus.

In the case of an abdominal wound the point for immediate consideration is whether or not there is injury to any of its contained viscera. Where such is the case, operation should be done at once. In wounds presenting an escape of feces or fecal odor, the diagnosis is easy and in operations for perforated gut we should make sure that no perforation is left unclosed.

Common sense and proper appreciation of the end in view should govern every surgeon in the treatment of all cases. The restoration of the damaged parts to their normal physiological function is the chief aim. If a perfect restoration is impossible, we should endeavor to restore as much as we can with conservatism to tissue, especially if it be a limb that is wounded.

As a primary hypothesis we may consider gunshot wounds as aseptic unless we have positive evidence to the contrary. As a general rule mild purgation should be employed in all cases except abdominal. Where the wound is simply of skin and muscle, the ball not remaining in the body, without serious injury to nerve trunks, antiseptic cleansing and dressing is all the treatment indicated. Injuries to vessels and nerves may occasionally be repaired by arteriorraphy or neurorraphy. Fractures should be treated on the same principle as other compound fractures.

The thorax and abdomen, constituting the greater part of the body, naturally partake very frequently in gunshot wounds. Owing to its contents, gunshot wounds of the chest are usually serious matters. Wounds merely of the chest wall are not usually serious and require but little attention. Again, a ball may pass through the lung without injury to any vessel of size, or there may be injury of vessels to such an extent that the pleural cavity becomes filled with blood, producing dyspnoea and embarrassed heart action. Hemorrhage into the pleural cavity in some instances is a conservative process, stopping itself by pressure of the fluid on the bleeding vessel.

Occasionally the pericardium and heart are the seats of injuries amenable to surgical treatment. Professor Matas has collected statistics on injury and operation of the heart that give encouragement for operation in this comparatively new field.

Wounds of the spinal cord are treated on the same general

principle as fracture of the spine. Pressure symptoms, if there be no improvement after a short period of waiting, call for a laminectomy for the removal of pressure by bone or ball.

Wounds of the chest without shock call for no interference. Where shock is severe and does not moderate or increases, the wound should be enlarged sufficiently to permit of inspection.

---

*REPORT OF THREE CASES.

H. C. BUCK M.D.,

FRIARS POINT.

The American Journal of Clinical Medicine advocates the doctrine of "Clean up, clean out and keep clean" the intestinal tract. As I am a firm believer in this doctrine and as I also believe that a very large percentage of the ills of humanity are caused directly or indirectly by constipation and consequent overloaded bowels whereby there is absorption of the excrementitious contents of the bowels causing auto-toxemia, I have for several years begun the treatment of nearly all my cases by thoroughly unloading the bowels and overcoming hepatic torpor. In defense of this practice I hereby report three cases that came under my observation.

Case I. During the past summer I was called to see a negro man on a plantation near town. Just as I entered the cabin the man was taken with violent cramping in the arms and legs; also very severe pains in the stomach and bowels. I promptly gave him a hypodermic of one-fourth grain of morphine and, while waiting to note the effects of this, I inquired into the history of the case and was told the man had been working away from home for several days and on this particular day, having failed to carry his mid-day lunch from home, had bought a can of salmon and a can of sardines with crackers, all of which he had eaten for his noon meal. On learning this I gave him a hypodermic of one-tenth grain of apomorphia and in a short time he vomited the most conglomerated mess I ever saw. As soon as the stomach would retain it, I prepared three powders, each containing five grains of calomel and a half grain of podophyllin, these to be given one hour apart. This very effectually cleaned the stomach and bowels of all the apomorphia had failed to get, and was followed by a few doses of quinine for a day or two with an uneventful recovery. While this was clearly a case of toxic

*Read before the Clarksdale and Six Counties Medical Society.

poison, I am of the opinion there was also some auto-toxemia, as the man told me after his recovery that he had not felt well for a week previous to his attack; that his bowels were very costive and had been for some time.

Case II. About the first of February a gentleman came to my office complaining: said he thought he had the grippe; complained of pains in the chest, shoulders and the back of his neck, slight cough, with tightness over the chest. Upon inquiry he told me his bowels moved every morning and had done so for several years. When asked how long since he had taken a purgative, he said several years. I gave him three powders, each containing three grains of powdered rhubarb and one-half grain podophyllin with instructions to take them two hours apart and report the next day. He came in the next day, said the medicine had acted freely, pains all gone and he was feeling well, but he suggested that I give him another "round" of medicine. I repeated the first prescription except I only used half the quantity of podophyllin. I saw him on the street a few days afterwards. He said he was feeling well and had the last lot of medicine in his vest pocket, but seemed to be getting as much benefit out of it as if he had swallowed it.

Case III. On February 4th. a gentleman came into my office suffering from colic and wanted something to give temporary relief. I told him that would only prolong matters; that he needed a thorough course of medicine to remove the cause of the colic. He said that it would make him sick and he did not have time to get sick. I told him he was sick then, but, as he insisted, I gave him a teaspoonful of paregoric and in about one hour his clerk phoned me he was no better and for me to visit him at his place of business. I told the clerk to get a hack and send him home and I would visit him there. On arrival at his home I found him suffering with intense pain in the lower bowel about two inches to the right and above the umbilicus. I gave him five grains of calomel and one-half grain podophyllin. He vomited immediately, the vomitus being what he had eaten during the day, apparently just as he had swallowed it. I gave him a hypodermic of one-quarter grain of morphia to relieve the pain; also prepared ten grains of calomel and one and one-half grains of podophyllin divided into three powders, these to be given one hour apart, a full dose of hyposulphite soda to be given three hours after the last powder. He suffered with the pain all night, as I positively refused to give him any more morphine. On the morning of the fifth day there was a small watery discharge from the bowels. I ordered a large enema (two quarts)

of warm soap water with castor oil in it. This brought a small quantity of feces. I tried to give him more calomel and podophyllin, but he threw it up before it had hardly reached the stomach. I then gave him fifteen grains of calomel dry, placed well back on the tongue, and withheld all fluids. This quieted him and he rested some better during the night. The bowels not having moved during the night or by the next morning, I gave him a full dose of castor oil, which he very promptly threw up. I very promptly gave him another dose, which passed from his bowels in about three hours without a stain of fecal matter, but just as clean as when he swallowed it. I then gave him one grain of podophyllin and four grains rhubarb in a capsule. Having read in a recent journal that an enema of a pint of coal oil would move the bowels in nearly every case, I, after waiting a reasonable time on the capsule without any results, ordered a rectal enema of a pint of coal oil, the only result from this being a good "cussin'" for me and an uncomfortable feeling on the part of the patient. I believe, however, if the enema had been properly administered the results would have been more satisfactory; as it was, the nozzle of the syringe barely passed the sphincter, hence very little if any of the fluid reached the bowel. When I visited him the next morning he was not in a very amiable mood. Said the medicine had kept him busy all night. The bowels had moved freely several times, the pain and soreness had left the bowels and he was feeling comfortable. He rested well during the day and night following. The bowels continued a little sluggish for several days and the pain and soreness remained to some extent, but gradually passed away entirely and recovery, while slow, was uneventful.

There are several interesting features about this case. One is the castor oil passing through the whole intestinal tract without being stained by the bowel contents; also the constipated and inert condition of the bowels and another that the pulse and temperature remained normal through the whole illness.

NOTICE.

County Societies are requested to notify the secretary of the State Association of changes of their officers, particularly secretaries and delegates, as soon as possible.

MISSISSIPPI MEDICAL MONTHLY.

E. F. HOWARD B.S., M.D., Editor and Publisher.

ASSOCIATE EDITORS

B. B. MARTIN M.D., Vicksburg. H. L. SUTHERLAND M.D., Rosedale.
H. M. FOLKES M.D., Biloxi. M. H. BELL M.D., Vicksburg.

OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

We print herewith some resolutions of the Warren County Medical Society on a subject of interest to every physician. Under many circumstances, indeed we believe it safe to say that it would be the case in the majority of instances, it would make little or no difference if the formula of each prescription were put on the container, except that it would be a nuisance to the druggist. In other instances it might work considerable harm since it would at once prevent the possibility of that psychical element that, as we all know, is not infrequently a potent factor in the treatment of disease.

The variation from the strength and purity prescribed by the United States Pharmacopoeia that is permitted by another provision of this Act is a more serious proposition and one that is calculated to work untold harm on consumers of drugs. For the benefit of any who may be interested, we reproduce from the *Journal A. M. A.,* on another page, the report of the secretary of the Section on Pharmacology and Therapeutics of the A. M. A. and heartily commend it and the resolutions of the Warren County Society to our readers.

Warren County Medical Society.
Dec. 26th. 1907.

Whereas it is commonly understood that the Mississippi Legislature, session in 1908, will pass a pure food and drug law modelled upon the National Food and Drug Act; and

Whereas said National Act does not exempt, specifically, physicians' prescriptions from the labelling clause of this act; therefore, be it

Resolved, that the various county societies of the Mississippi State Medical Association be requested to memorialize their senators and representatives to specifically provide for the exemption of preparations of the U. S. Pharmacopoeia, National Formulary and physicians' prescriptions from the

labelling clause of this act, for the following reasons: physicians' prescriptions are not often subject to commerce and are of a confidential character. The articles of the U. S. P. and N. F. must conform to certain standard requirements laid down by our most eminent authorities unless especially excepted, and therefore there is no necessity for the label requirement on these three classes of medicines.

S. Myers, Chairman.
S. W. Johnston.
H. H. Haralson.

LETTER TO THE EDITOR.

Gulfport, Miss., Dec. 10th 1907.

I note that Mr. W. E. Myers, the business manager of the *"Morning World,"* a new daily paper started in New Orleans, states in the first issue that the paper will contain no advertisements of charlatans or quack doctors. I think that every doctor in the state should approve of this as it is certainly a step in the right direction. The medical advertisements in the daily papers are a disgrace to our times, for these advertisements as a rule concern either incurable or venereal diseases. They often propose to treat disease by mail. Their sole object is to fleece the ignorant and the credulous. I do not approve of every feature of the *"Morning World,"* but I am glad to see that one daily paper proposes to reject this class of advertising. No self-respecting man wants advertisements of private and venereal diseases carried daily into his home and placed before his wife and children. I have written Mr. Myers commending this feature of his publication and if every physician who approves of this policy should write and thank him it would "help some." Of course there are some doctors who are too conservative to express an opinion, that is express enough to notice, and there are some doctors who are too indifferent to care anything about public welfare. If any medical society should officially endorse the elimination of quack medical advertisements from the daily press that would "help some more." Should the doctors officially and otherwise bestir themselves and get public opinion aroused that would "help still more." Perhaps if public opinion was aroused, the other daily papers in New Orleans might sit up and take notice. Public opinion is easily aroused if any concerted efforts are made..

These are merely suggestions; I would like to hear from others. I think that medical organizations should not confine themselves to medical subjects entirely, but whenever they see where they can endorse and aid anything along medical lines for the benefit of public welfare, why then 'tis time to "boost" it along.

H. H. West M.D.

ASSOCIATION NOTES.

*PHARMACISTS AND PHYSICIANS AND THE FOOD AND DRUGS ACT.

REPORT OF THE SECRETARY TO THE SECTION ON PHARMACOLOGY AND THERAPEUTICS, AMERICAN MEDICAL ASSOCIATION, ATLANTIC CITY, JUNE 1907.

C. S. N. HALLBERG Ph.G., M.D.,

CHICAGO.

The past year has been an eventful one for medicine and pharmacy. The federal Food and Drug Act, which went into effect January 1st. 1907, marked a new era, since for the first time in the history of the United States definite standards were adopted for drugs, chemicals and medicines through the legal recognition of the U. S. Pharmacopeia and its auxiliary, the National Formulary. Although the standards of the U. S. Pharmacopeia have been recognized by different departments of the Federal Government for a long time and have been generally accepted by the state pharmacy acts and by the courts, not until this year may it be said to have secured general recognition throughout the Union. There are two provisions in the act to which it is desired to direct attention, since state legislation modeled on their identical lines has been attempted and already secured by several states:

I. The provision requiring medicines containing alcohol and a number of potent and habit-forming drugs to designate these articles and their quantities does not exempt preparations of the U. S. Pharmacopeia, the National Formulary and physicians' prescriptions. Since the articles of the U. S. P. and N. F. must conform to the requirements of these standards

*Reprinted from *The Journal A. M. A.*

unless especially excepted, and physicians' prescriptions are not often subject to interstate commerce and are of a confidential character as between the physician and his patient, there is no necessity for the label requirement in these three classes of medicines. This has already been generally recognized, and in several state laws recently passed exemptions have been made from these label requirements.

II. A more serious phase of this question is presented, however, by the provision in Section 7, viz., that all articles of the U. S. Pharmacopeia and National Formulary must conform to the requirements therein unless it is especially declared on the label that they differ. This means practically that any preparation may be made of any strength, provided the strength is named. For example, tincture opium, of which the official strength is ten per cent. of opium, or one and one-half per cent. of morphin, may be five per cent. or only one per cent. of opium and corresponding morphin strength, if it is only so stated on the label. The result has already been that chemicals below the official requirements as to strength, quality and purity are sold. Thus magnesium carbonate is labeled "for technical purposes;" sublimed sulphur "for mechanical uses," etc. Such chemicals for commercial, industrial and technical purposes may, and often do, contain poisonous substances, such as salts of heavy metals, lead, copper, tin and poisonous compounds of arsenic, antimony, etc., which would be entirely excluded if they were offered without this qualification. This label requirement applies only to the original large packages of these cheaper chemicals in bulk and, necessarily, the labels are never seen by those who may use chemicals as medicines. In fact, except for interstate commerce, they may not appear on the packages bought by the retail pharmacist and, unless he examines these articles, he may be selling impure or adulterated medicines unconsciously. The law in this respect lends a false security which is, to say the least, very undesirable. Ever since the advent of pharmacopeias—practically a century—it has been the law, written and unwritten, that when the article is sold under the official title it must have the official requirements, that it must conform to the tests for identity, purity, quality and strength. In order to make adherence to these standards more acceptable to manufacturers, the U. S. Pharmacopeia, Eighth, affords certain limitations as indicated in the purity rubric.

It is therefore recommended that in all state legislation the following modification of the federal law should be insisted on:

a. Exemption from the label requirements for the ar-

ticles of the U. S. Pharmacopeia and National Formulary and for physicians' prescriptions.

b. Articles of the U. S. P. and N. F. must conform to the requirements, although, if feasible or desirable, the preparations may differ in color or flavor from the N. F. formula product if so stated on the label.

Relation of Pharmacists to Physicians.

The reformation of the materia medica and therapeutics and the work of the Council on Pharmacy and Chemistry have brought prominently to the notice of the medical profession the two legal standards for medicines; consequently also the pharmacist is reminded of these standards and incidentally of his relation to the physician.

The pharmacist has been in an unfortunate position, somewhat similar to that "between the traditional man in red and the deep blue sea." With the ethical proprietary medicines and foreign synthetics on one hand and secret "patent medicines" on the other, his lot has been anything but a happy one. He now sees an opportunity again to become the compounder at least, if not the manufacturer, of the medicines used by the physicians; those who are awake and ambitious realize that a new era has begun for pharmacy. Unfortunately there are "druggists" and pharmacists just as there are "doctors" and physicians, and to distinguish between these is a difficult and almost hopeless task. Following the lead of medical men, however, the better class of pharmacists have organized local societies as branches of the American Pharmaceutical Association and have taken up the work of awakening the pharmacists to the possibilities being presented to them through the movement of reform now in progress in the medical profession. That some of the causes which have been destructive alike to pharmacy and medicine may be modified if not removed, the encouragement of the American Association is sought in behalf of the educated pharmacists of this country, who, through their national association—the American Pharmaceutical Association— are, like the physicians, working for the elevation of their calling and the improvement of their profession and practice. To facilitate the work of the local branches it is suggested, therefore, that this Section take such action on the following subjects as it may deem appropriate:

The Status of the Prescription.
Prescribing by Druggists.
The Attitude Toward "Patent Medicines."
Dispensing by Doctors.

SOCIETY PROCEEDINGS.

Harrison County Medical Society met December 10th. Our president again being absent, the meeting was called to order by Dr. Parker. Those present were Drs. Parker, West, Sheely, Carroll, Cox, Welch, E. M. Cowart, Tarry, Folkes, Fahnestock and Edwards. Dr. Parker presented as a clinic, a case of emergency skull surgery, which under the most adverse circumstances had healed by first intention. This led to general discussion. Dr. Folkes illustrated a number of traumatic skull injuries which he had had. Dr. Sheely mentioned cases which he had and called attention that the most careful examination is imperative even in cases which show the slightest injury, as they often end fatally in a few days. Dr. Tarry showed that often the most severe damage is recovered from without event. Dr. Cowart detailed an interesting case and mentioned the necessity of free incision and strict asepsis. Dr. Carroll also described a case of interest. Application of Dr. Carraway for reinstatement was tabled indefinitely. Election of officers being taken up next, Dr. E. C. Parker was elected president; Dr. G. F. Carroll, vice-president; Dr. W. W. Cox, secretary-treasurer, and Dr. Fahnestock censor. The election of delegate to the State Association was postponed.

Perry-Green County Medical Society met in regular semi-monthly session in its apartments in the First National Bank Building, Hattiesburg, December 2d, at eight o'clock, with a large attendance. The leading feature of the session was a paper read by Dr. J. J. Stevens of Hattiesburg, on Scarlet Fever. Dr. Stevens' paper was discussed at length by most of the members present, President Cook calling especial attention to the fact that we sometimes encounter very severe complications of scarlet fever, such as acute nephritis, following very mild attacks.

Perry-Green County Medical Society met in regular semi-monthly session on the 16th inst., at 7:30 p.m., in its apartments in First National Bank Building, Hattiesburg, Miss., with the largest attendance during the year. Dr. R. M. McDonald reported a case of a negro who came to him suffering intense pain about his throat. Upon examination the doctor found a bulging on the side of his tongue and that the angle of the jaw was the seat of the pain. Diagnosis—abscess. Treatment—hot applications for three or four days,

after which he lanced it and a large amount of pus was discharged which alleviated the severe symptoms, especially the intense pain. A short time after this the darkey felt something rough in his mouth and pulled out a well formed stone, white in color, very hard and about one-third by one inch in size. This stone had not come out through the incision made by the doctor, but seemingly through the mouth of the duct of the sublingual gland. It was decided that this stone was a calcareous deposit, which had formed in the duct of the gland, obstructing it, and an abscess forming above it in the gland. Dr. L. H. Howard wished to know the condition of the smallpox situation. Stated he had one case he could not trace to an origin. Dr. Stapleton reported some cases he had diagnosed as chickenpox, but was not satisfied it was not smallpox. President Cook emphasized the fact that we sometimes have very severe cases of smallpox following exposure to very mild cases. Dr. Bufkin reported a case of chickenpox. Application of Dr. H. P. Smith of New Augusta, Miss., was favorably reported by Board of Censors and he was duly elected a member of the society. On account of the election of officers, there were no papers nor discussions. Officers elected for 1908 are as follows: J. J. Stevens, President; L. H. Howard, Vice-President; S. Lewis Knight, re-elected Secretary-Treasurer; W. R. Thames, Censor; P. A. Carter, Delegate to Mississippi State Medical Association. The matter of inviting Dr. McCormack to visit Hattiesburg was put in the hands of the secretary, and it is very probable that the doctor will be invited to come, as all members present expressed themselves favorable to his coming provided details could be satisfactorily arranged.

Tri-County (Pike, Lincoln, Copiah) Medical Society met in the City Hall at Brookhaven, December 10th at two p.m., for the final meeting of the year. The feature of the occasion was the address of Dr. D. W. Jones, the retiring president. Election of officers resulted as follows: President, J. A. Rowan, Wesson; Vice-Presidents, C. P. Rice, J. T. Butler and J. M. Catching; Secretary-Treasurer, D. W. Jones, Fernwood; Censor, Thos. Purser. Following the meeting an elaborate banquet was held, which was much enjoyed. The next meeting well be held in Wesson, the second Tuesday in February at eleven a.m.

Union County Medical Society met at Court House in New Albany, Monday December 16th, almost entire membership being present. The Committee on Fees reported a list of minimum charges for the entire county, and by agreement of

all present, the report was adopted, the most important change being the raising of obstetric fees to ten dollars by some of the county physicians. The society endorsed the work done by the American Medical Association and by the Kentucky State Medical Association in the warfare against nostrums. Clinical cases were reported by Drs. Gassaway and Windham and discussed by others. This being the postponed meeting from December 2nd, the society elected officers for the ensuing year as follows: President, W. A. Whitten; Vice-President, J. H. Windham; Secretary-Treasurer, S. E. Eason; Censor, G. F. Cullens. Dr. Luke Wilder made application for membership, his being the third application for 1907, the only additions since organization with one exception being made this year. During this year the society has taken on new life and all members are endeavoring to make Union County Medical Society rank second to none. The next meeting will be held the first Monday in February.

BOOK REVIEWS.

DISEASES OF THE GENITO-URINARY ORGANS AND THE KIDNEY, by Robert H. Greene, M. D., Professor of Genito-Urinary Surgery at the Fordham University, New York; and Harlow Brooks, M. D., Assistant Professor of Pathology, University and Bellevue Hospital Medical School. Octavo of 536 pages, profusely illustrated. Cloth, $5.00 net; Half Morocco, $6.50 net. W. B. Saunders Company, Philadelphia and London.

Physicians are coming more and more to the conclusion that genito-urinary diseases need more careful attention than they generally get and will hail with delight a book that contains not only the best ideas of an able surgeon but also the conservative consideration of an experienced physician. The time comes, of course, when many of these cases must be referred to a surgeon. Some of them are never anything but purely surgical cases. But there are numbers of them that the practitioner can treat just as well as can the specialist and with a little such information as this book affords he will find that this last class forms a very respectable proportion of the whole. It is interesting, however, as an example of the tenacity with which we cling to the ideas of our pre-Adamite forbears, to note that a little space is given to the use of injections in gonorrheal urethritis.

A TREATISE ON DISEASES OF THE SKIN. For the use of advanced students and practitioners. By Henry W. Stelwagon, M. D., Ph.D., Professor of Dermatology, Jefferson Medical College, Philadelphia. Fifth Edition, Revised. Handsome octavo of 1150 pages, with 267 text-illustrations, and 34 full-page colored and half-tone plates. Cloth, $6.00 net; Half Morocco, $7.50 net. W. B. Saunders Company, Philadelphia and London.

The fifth edition of this popular textbook differs from previous issues in both erasures and additions. Much obsolete and unnecessary material has been omitted and replaced by fuller discussions of subjects more pertinent and many changes and additions. These last are especially noted in the discussions of tropical diseases, rendered important, and indeed necessary, by our closer and more intimate association with tropical countries, and serve to keep the work where it has been, in the forefront of books of its class.

A TEXT BOOK OF THE PRACTICE OF MEDICINE. By James M. Anders M. D., Ph.D., LLD., Professor of the Theory and Practice of Medicine and of Clinical Medicine, Medico-Chirurgical College, Philadelphia. *Eighth Revised Edition.* Octavo of 1317 pages, fully illustrated. Cloth, $5.50 net; Half Morocco, $7.00 net. W. B. Saunders Company, Philadelphia and London.

"Anders' Practice" has from its beginning, ten years ago, been a favorite on account of the clearness and accuracy with which the points in differential diagnosis and treatment are impressed upon the reader, and its running to eight editions in ten years is ample evidence of its popularity. The changes seen in this latest edition are chiefly those due to our greater knowledge of tropical disorders, and especially those of parasitic origin. Here, probably more than in any other single feature, the physicians of the south are beginning to feel the need of exact information, a need that this book amply fills.

SYPHILIS IN ITS MEDICAL, MEDICO-LEGAL AND SOCIOLOGICAL ASPECTS, by A. Ravogli, M. D., Professor of Dermatology anp Syphilology in the Medical College of Ohio, etc. The Grafton Press, New York.

The student of sociology will be especially attracted by this book which treats of the disease in point from the standpoint of the sociologist with a breadth and freedom that we have rarely met elsewhere. In this the work is excellent. The medico-legal studies are rather too intricate to be of general value and in many of the examples it appears as if the author had made up his mind as to cause and was fitting the indications to suit, so that often the illustrations appear far-fetched, while at other times he appears to deduce diagnoses from

utterly inadequate symptoms. But these are only individual illustrations and while they mar the effect, do not detract from the general subject under discussion which is well handled.

COMPEND OF SURGERY for students and physicians, including minor surgery and a complete section on bandaging, by Orville Horwitz B.S., M.D., Professor of Genito-Urinary Surgery, Jefferson Medical College, etc. Sixth edition revised and enlarged, with one hundred and ninety-five illustrations and one hundred and four formulæ. Price $1.00 *net*. P. Blakiston's Son & Co., Walnut St., Philadelphia.

While we can hardly conceive a physician in practice turning to a compend, such books are of value in the stress of getting up an examination and for such purposes this one is well suited. The section on bandaging is good and might well be employed in a training school for nurses.

A TEXT-BOOK OF PRACTICAL GYNECOLOGY. For Practitioners and Students. By D. Tod Gilliam, M.D., Emeritus Professor of Gynecology in Starling-Ohio Medical College, and Sometime Professor of Gynecology, Starling Medical College; Gynecologist to St. Anthony and St. Francis Hospitals; Consulting Gynecologist to Park View Sanitarium, Columbus, Ohio; Fellow of the American Association ol Obstetricians and Gynecologists; Member of the American Medicaf Association, of the Ninth International Medical Congress, etc, Second, Revised Edition. Illustrated with 350 Engravings, a Colored Frontispiece, and 13 Full-page Half-Tone Plates. 642 Royal Octavo pages. Extra Cloth, $4.50, net; Half-morocco, Gilt-top, $6.00, net. Sold only by subscription. F. A. Davis Company, Publishers, 1914–16 Cherry street, Philadelphia.

In this splendid edition the author has presented a plan and arrangement of the work that will be most convenient to the practising physician or student. The author has devoted a great deal of time to the technic, and with 350 splendid illustrations and fifty chapters he covers the ground very thoroughly. It is difficult to state which is the best chapter of this work, but conspicuous among these innovations in technics are the operations of Goffe for extensive cystocele, and that of Atkins for post-climacteric prolapse of the uterus. For ready reference and as an aid to the reader, a regional index of symptoms has been appended to the body of the book. Another feature of this work is the fact that the author has given scant attention to most questionable and effete matter; in fact every chapter is well written and splendidly illustrated.

B. B. Martin M.D.

MISSISSIPPI MEDICAL MONTHLY.

VOL. XII.] FEBRUARY 1908. [NO. 10

WHEN TO OPERATE FOR APPENDICITIS.

M. O. SHIVERS B. S., PH. G., M.D.

GREENVILLE.

In discussing this important subject I shall present in main a brief summary of what some of the many writers have heretofore elucidated. When to operate for appendicitis is a question that must be answered by all of us at some time and most of us not a few times. At first thought no doubt many of you may think that this subject should be presented to a society of surgical specialists and not to a meeting of general practitioners. But not so, for it is by the family physician's decision that the destiny of the patient must be decided. 'Tis to his advice the anxious family and confident patient appeal.

In determining when to operate for appendicitis I would remind you that this should be asked by every physician when he approaches the bedside of any patient with the complex symptoms suggestive of pathology in the lower right quadrant.

Why should this question be ever before us? Because it is the only safe manner to conduct a case to complete recovery with no untoward symptoms and little or no mortality. With both medical and surgical opinion universally agreed that appendicitis is a surgical disease, when to operate must be first in the treatment of any case of appendicitis.

Caille tells us "After the first attack from which the patient recovers without operation the appendix should be removed. The appendix once inflamed must be looked upon as a diseased organ which is very apt to give repeated and more serious, even fatal, trouble in the future."

In Osler's latest edition we read: "So impressed am I by the fact that we physicians lose lives by temporizing with certain cases of appendicitis that I prefer in hospital work to have suspected cases of appendicitis admitted directly to the surgical side. The general practitioner does well to remember, whether his leaning be toward the conservative or radical method of treatment, that the surgeon is often called too late, never too early. There is no medical treatment."

We all see patients apparently get well from an acute

appendicitis, but time has demonstrated that about eighty per cent. have a recurrence, and when we follow the remainder we find they are victims of digestive disturbances, constipation and other vague symptoms that are not amenable to treatment. I must admit that years may elapse before these disturbances arise. Late in life, not a few die from obstruction subsequent to years-ago appendicitis. I have seen two cases of this nature in the past two years—both demonstrated at post-mortem.

Granting that appendicitis is a surgical disease and that operative interference is the safest course to pursue, we must equip ourselves in diagnosis in order that the condition be recognized very early, as the results in treatment depend largely on the early diagnosis. We should thoroughly comprehend the symptomatology, for in many cases it is extremely difficult to recognize the disease on account of the close proximity of the appendix to other abdominal organs and their like symptoms when diseased.

In some cases the symptomatology is very complex, in fact there may be no manifestations sufficient to justify a diagnosis. In these cases a careful attention to the diagnostic characteristics will commonly serve for differentiation.

In referring to the morbific changes found in the appendix I shall suggest that the consensus of opinion among most authorities is that the different pathologic conditions as they are encountered at operation in cases of appendicitis represent for the most part simply different stages of an inflammatory process involving primarily the appendix and accompanied in a large proportion of cases by secondary involvement of the peritoneal cavity.

If all medical men could grasp this one idea of appendiceal pathology and insist on all cases being operated on within the first few hours the primary condition in the appendix would rarely, if ever, march on to a hopeless pathology. That is remove the appendix when sepsis is within, in place of without the appendix.

The diagnosis must be based on the suddenness of the attack, coming on most often in a previously healthy individual, the occurrence of abdominal pain referred first to the umbilicus or the epigastrium, becoming later localized in the right iliac region. I quote from Deaver "The location of the initial pain in the majority of instances is in the umbilical or peri-umbilical, next in order the epigastrium region, and least commonly the right iliac fossa."

"Then the typical pain of an appendicitis is that which develops suddenly on one previously well, cramp-like in char-

acter, referred either to umbilical or epigastric region and which later usually becomes localized in the right iliac fossa. Too much emphasis cannot be attached to the location of the initial pain in the beginning of an appendicitis attack. It is a lack of knowledge of this fact that has led to many errors of diagnosis in acute abdominal affections."

I want to add another symptom valuable as an aid in diagnosis which, so far as I am informed, has not been suggested. It is pain, tenderness and uneasiness located a little to the right of the hepatic flexure of the colon. I have almost without exception in early cases been able to elicit pain at this point, and in mild chronic cases it is a most valuable diagnostic point in the differentiation of gall bladder inflammation. Succeeding the symptom of pain is vomiting, which usually subsides with the localization of pain in the right iliac region. Next in order of occurrence is tenderness in right iliac fossa, and a most valuable sign. So important is it that Fowler tells us that "tenderness is as certain of appendicitis as brick-dust sputa is of lobar pneumonia." Rigidity of right rectus is a marked feature in the majority of cases. Temperature is a most unreliable factor in the diagnosis of appendicitis. It bears no relation to the gravity of the existing morbid state. Many times the appendix may be gangrenous and perforated and the patient have no temperature—in other cases mild inflammatory appendices may be accompanied by high temperature. Neither does the pulse aid us in diagnosis. We have seen patients with pulse rate of forty-five to fifty with marked appendicitis and the appendix buried in a mass of adhesions. In prognosis it is a most valuable sign. If rapid, of poor volume, irregular and weak the outlook is most unfavorable. With the "cardinal" symptoms "pain, tenderness and rigidity" present, a diagnosis can usually be made.

The diagnosis having been made, the question when to operate must engage our attention. We say operate because it is agreed by all internists and surgeons of wide experience that the best results are obtained by operating as soon as the disease is recognized, providing the diagnosis is made early. Operate in the incipiency of the attack, is the answer to our query.

It is essential that we physicians recognize the importance of early operation, especially the general practitioner, for the vast majority of patients will depend on the attending physician for advice. It is through his counsel that many lives are hopelessly lost and not through knowledge of the existing pathema but the hope of tiding the patient over the attack

by medical measures. But the hoped for improvement never comes and time with the ravages of infection soon robs the patient of his chance and a spreading peritonitis ushers in the fatal issue. On the other hand, by timely advice many are rescued from the throes of death. We should impress our patients with the importance of immediate operation.

In my humble opinion time is the most important factor that affects mortality in any surgical disease. Too much stress is laid upon the individual operator, his able assistants and propitious surroundings and not sufficient emphasis upon the time of operation. In a general way, I suggest that the quicker disease is classed under two captions, medical and surgical, and we desist attempting to cure surgical diseases with medicine and cease operating upon medical cases, the quicker will mortality in surgical disease be reduced to a minimum and the best results be obtained in medical cases. Delay in placing a patient in the operative column has cost the life of many who if operated on when the disease was first manifest could have passed on to a rapid convalescence. I know no disease in which this rule implies more imperatively than in appendicitis. It is quite true many cases mild in character apparently recover. But it is equally true that many die with and without operation that were mild at first. I have recently faced just such a dilemma—both patients dying without operation. Both were diagnosed as mild attacks and they seemed so a few days. Fowler tells that "there is a time in the history of every case of appendicitis when operative treatment can be instituted with a mortality risk not greater than one in two hundred. On the other hand many cases are turned over to the surgeon with not one chance in two hundred for recovery."

No appendicitis begins as a pus case. Before suppuration can exist the tissues involved must pass through a cycle of time, it may be a few hours or several days. This no one can tell. Why wait till such a process takes place and thus be confronted with an operation that is attended with great and grave dangers, when if done early while the infection is confined to the appendix no possible chance of infection can take place and the operation is attended with little or no danger? If this rule "to operate early" governed all physicians, the mortality from operation instead of being six to thirty per cent. in pus cases would be less than one per cent.

It is a dangerous plan of treatment to demand an operation only when medical treatment fails to cure or to wait till pus forms. Many are dying every day from this unhappy management.

We should all remember it is impossible to foretell with

the slightest amount of assurance the issue of any attack of appendicitis and in every case we should be very candid with the patient. If we all were, many lives could be saved. When called to the bedside of an appendicitis patient it is our duty to tell him that we do not know the exact condition in the appendix other than it is inflamed and assure him that we are just as capable as the most skilled surgeon to tell what the outcome of the case may be—that we have no positive means of ascertaining. Also explain to him the progress of the disease. With this information before him, explaining why little danger attends early operation and the great danger that may follow delay, with few exceptions the operative method is the accepted alternative. The immediate operation is truly conservative—it removes the disease in its entirety. It does not necessitate the possibility of suppuration, gangrene and perforation of the appendix followed by a profuse peritonitis, which closes the door of hope against eighty per cent. of all cases regardless of the method adopted, whether surgical or medical. Deaver expresses it most beautifully: "In every case of fatal appendicitis I believe there was a time when operation would have been followed by recovery." One need but picture to himself the two operations—the one the excision of the appendix without pus, the other its removal when bathed in pus and entangled with adhesions—to arrive at the only reasonable course.

The advantages of early operation are no peritonitis, no metastatic abscesses, no subsequent adhesions, no late obstruction, no hernia, no fistulae, no prolonged convalescence—conditions always to be considered in late operation.

From the foregoing it seems apparent and wise to operate on all cases seen early and promptly, regardless of the mildness of the attack. In many cases when waiting for the attack to pass off adhesions form "which save the patient for the time being" but are death-dealing afterwards. After-effects in late operations are more severe and results are never so ideal.

I am reminded that some cases are not seen nor a diagnosis made early. In these cases what must be our recourse?

In spreading peritonitis, wait. A patient with distention, rigidity over the entire abdomen, with general pain, temperature high and a bad pulse, it is wise to wait on. The patient in this condition has a better chance for temporary recovery without operative course. Cell resistance is so low in these cases that operation is more likely to bring a fatal termination than a cure. If the disease shows a tendency to localization, wait. Patients showing indications of improvement should be watched and passed to the interval stage; however,

if at any time symptoms become aggravated, operate at once.

If the appendix is gangrenous or perforated, operate at once. It is useless to remind you that the subsidence of pain and all tension symptoms are signals of this appalling situation.

Why wait in pus cases? First the patient becomes in a measure immunized and thereby develops a resistance—as Wright would term it "a higher opsonic index." Second—bacteria in a pocket lose their virulence and are not so dangerous to the structures that may come in the way during operative treatment.

Just how long we must wait in pus cases must necessarily depend on conditions.

I quote statistics of one hundred and forty-four deaths occurring in one of the leading hospitals of the country, covering a period of ten days. They are indeed very valuable to demonstrate what postponement means in pus cases, also the importance of time of operation.

Number of patients dying on the second day, nine; on the third day, twenty-four; on the fourth day, forty-one; on the fifth day, forty-two; on the sixth day, thirty-six; on the seventh day, thirty-one; on the eighth day, thirty-seven; ninth day, eighteen; tenth day, six.

You will note a steady increase from the second to the fifth and almost an equal decline each day thereafter till the tenth.

From the above statistics we infer that if cases cannot be operated upon during the first hours of illness, all being equal it is well to defer till the tenth day. This from my limited experience is quite true, especially in pus cases when localization exists. These statistics serve to illustrate the main text in when to operate for appendicitis, that is time.

In tiding these patients over this waiting period what must be done in a palliative way? In brief I would suggest no food if there be nausea, lavage of stomach, irrigation of bowels with small quantity of fluid (large enemas do harm), no water by mouth, no purgatives, no medication save small doses of codein for pain, antipyrin for fever and ice over the affected area.

All patients having been conducted to the interval stage should be treated as early cases and operated on as soon as the general condition will permit.

*PUERPERAL CONVULSIONS.

P. T. RAINEY M.D.,

CASCILLA.

In discussing this subject I do not expect to throw any new light upon it, but simply endeavor to comply with my promise to the secretary of this association to contribute something with the view of bringing about a discussion of the subject, as I think it is the duty of every member, not only of this society, but of the medical profession, to contribute what he can to the increase of knowledge in his profession. If I succeed in bringing on a discussion of the subject by this intelligent body of physicians, then I will have contributed to the dissemination of a knowledge of the subject.

Puerperal eclampsia is a condition resembling epilepsy occuring in the pregnant woman before labor, generally about the eighth or ninth month, or during labor or after delivery of the child. Generally the attacks continue to recur at short intervals, and after each fit the patient becomes increasingly unconscious and depressed, and will have no recollection of anything that passes.

When the convulsions occur before labor, they are generally of a more serious import than when they occur after the birth of the child, but may be very severe in either case, recurring in rapid succession.

The cause of these convulsions is not definitely known and many theories have been advanced. Some believe that as albumen is nearly always found in the urine, nephritis is the cause; others that anemia produces the convulsions; others that the increased irritability of the nervous system which takes place in the pregnant woman is the direct cause; and still a later theory is that they are produced in consequence of a lack of secretion produced in the thyroid gland, and quite a large number attribute the convulsions to a poison generated and circulating in the blood. My opinion is that a poison circulates in the blood producing an irritable condition of the nervous system, which becomes convulsive by contractions of the uterus or by any manipulations or noise. These convulsions are favored and increase in severity by contraction of the arteries forcing blood to the brain. The relief which follows the various sedative and relaxing remedies is proof of this theory.

Venesection removes some of the poison, and reduces the

*Read before the Clarksdale and Six Counties Medical Society

blood pressure; veratrum in large doses quiets the nerves, strengthens the heart and dilates the arteries; chloroform, chloral and morphine relax the nerve tension and contribute greatly toward relieving the convulsions. Pilocarpine and hot packs produce sweating and relax the system. Thyroid extract has been used and the claim is made for it that it cures the eclampsia, but I have no experience with this remedy.

I will report three cases from memory, not having any notes of these cases:

Case I. A primipara. I was called in to assist another physician in this case, and found the patient in a comatose state, having had a number of convulsions. She was at about full term, but there was no dilatation of the os. We administered chloroform and proceeded to dilate the uterus and deliver with forceps, which was accomplished in a short time. We then put her on chloral, but the convulsions continued for more than twenty-four hours after delivery of a dead child. She was soon restored to health.

Case II. Primipara. I was called to see this woman in labor at full term. Pains were ineffectual. I had been there but a short time when she began to have convulsions, and had several during the day, and two other physicians were sent for and the administration of chloral was continued, reinforced by chloroform during the fits. On the second day during the forenoon we bled her, getting about two pints or more of blood. She had no more fits and labor set in in a few hours and she was delivered of a dead child without any further trouble, and her recovery was accomplished with but slight complications.

Case III. Was a multipara who had been attended by an old negro woman and delivered of a dead child which was very large. Soon after the child was born she began to have convulsions and I was called and arrived there after she had had four fits. I tried to administer chloral and veratrum by the mouth, but as she was unconscious I could not get her to swallow it. So I administered chloroform and proceeded to bleed her in both arms, but could not get much more than a pint of blood. Convulsions continued to recur for several hours, and I wrapped her in hot wet blankets, gave an hypodermic of one-half grain morphine and gave fifteen to twenty drop doses of Norwood's tincture of veratrum by the mouth, holding the nose till she swallowed. After beginning the veratrum and morphine she had but one light convulsion, but remained unconscious for about twelve hours longer. After this time she recovered rapidly.

I do not claim for my treatment anything brilliant or

new, but simply hope that others may add to what I have said and make the discussion of the subject interesting and profitable. I wish to urge, however, the necessity for sedatives, relaxants and stimulation of the circulation by veratrum, and withdrawal of blood when indicated.

THE DOCTOR'S WIFE.

C. H. RICE M.D.

SUMMIT.

I respond to this toast with much regret
For as you know, I am not married yet;
I've read many poems to the doctor's wife,
The noble calling that is the doctor's life.

I've tried to live nobly and do the good
That everyone says a good doctor should.
I've snatched a few patients from death's gloomy brink
And was nobly repaid—I do not think.

"He is not married, so how can he need
When he has only one mouth to feed?"
"He is not married," say the girls who are sick,
"Oh no! not him, get a married man quick."

"He is not married," says the mother whose brat
Has the colic; "he couldn't tell where the pain's at."
"He's not married," says the sick old maid,
"It would not be quite proper, I'm afraid."

So when the 'phone rings and says "Doctor! Quick!"
I always know it's a man who is sick;
For a sweet, charming woman does never forget
When she's ill to remind me I'm not married yet.

"He is not married," I've heard for two years.
Like a big dose of quinine it rings in my ears.
I'm not getting practice; am getting in debt,
And they say it's because I'm not married yet.

When I see the big practice and happiness
Brought by the wives which you doctors possess,
My heart fills up, and my eyes grow wet,
At the dismal thought—not married yet.

It's the lack of a wife that denies me the right
To make all the calls which you get at night;
When smoking and dreaming in my easy chair
No one ever comes to muss up my hair.

I started out well, but now am bereft
Of all I possessed; just my heart is left,
To give to the girl who can bring that bliss
Which inspired me to write poetry like this.

When I see all your faces brighten at the thought
Of all the sweet joys which marriage has brought,
I feel I could love the first girl in sight
And if she would have me I would marry to-night.

I once had a theory, that a doctor unmarried
Could succeed; but in practice it has sadly miscarried,
For now I am getting so awfully poor
I must marry someone to keep the wolf from my door.

"The Doctor's Wife," that sounds good to me,
And I drink to her, whoever she be,
For I tell you, gentlemen, a doctor's wife
Is, all in all, a doctor's life.

In response to the toast "The Doctor's Wife," at the annual banquet of the Tri-County Medical Society in Brookhaven, December 10th 1907.

MISSISSIPPI STATE MEDICAL ASSOCIATION.

CHAIRMEN OF SECTIONS.

ELECTRO-THERAPEUTICS:—C. D. Mitchell, Pontotoc.
NERVOUS DISEASES:—J. R. Tackett, Meridian.
EYE, EAR, NOSE AND THROAT:—M. H. Bell, Vicksburg.
OBSTETRICS:—J. W. Eckford, Starkville.
GYNAECOLOGY:—C. E. Catchings, Woodville.
MATERIA MEDICA:—W. H. Frizell Jr., Brookhaven.
VENEREAL DISEASES:—W. F. Scales, Macon.
BACTERIOLOGY:—L. C. Feemster, Nettleton.
HYGIENE:—G. Baskervill, Winona.
MEDICINE:—D. W. Coker, Tunica.
TUBERCULOSIS:—P. W. Rowland, Oxford.
SURGERY:—J. E. Davis, Columbus.
DERMATOLOGY:—W. S. Cranford, Laurel.
PEDIATRICS:—A. G. Payne, Greenville.

MISSISSIPPI MEDICAL MONTHLY.

E. F. HOWARD B.S., M.D., EDITOR AND PUBLISHER.

ASSOCIATE EDITORS

B. B. MARTIN M.D., Vicksburg. H. L. SUTHERLAND M.D., Rosedale.
H. M. FOLKES M.D., Biloxi. M. H. BELL M.D., Vicksburg.

OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

There are quite a number of bills either already before the Legislature or to be presented that are of interest to physicians. The question of a central hospital, to be located at Jackson, is again agitated in the shape of a bill by Senator Rowan, M.D., calling for a one hundred and fifty thousand dollar appropriation and a site, to be taken from the land owned by the state in Jackson. On January 23rd. Senator McDonald introduced a bill "Requiring that applicants for license to practice medicine be graduates of a reputable medical college." These two items have been already threshed over in the medical association, so comment on them is useless, but of the new legislation proposed a word may not be amiss.

The most remarkable law of which we have yet heard comes in the shape of a bill by a Mr. Dorroh of Noxubee. We have seen no notice of its introduction, but have been favored with an advance copy of the bill itself. It is entitled "An act to regulate the practice of Optometry in the State of Mississippi." As a criticism we would suggest that the word "optometry" has not yet found its way into the dictionary. "Optometer" we have, "an instrument for determining the strength of vision, especially the degree of refractive error that is to be corrected to render vision normal." If we may be permitted to stretch this a bit, we might consider "optometry" as being the use of such an instrument, but "Doctor" Dorroh goes a bit further and considers it in his definition, though who gave him authority to coin and define new words the Lord only knows, as "The employment of objective and subjective mechanical means to determine the accommodative and refractive conditions of the human eye, and the adapting and applying of lenses for the correction of optical defects for the improvement of vision and relief of eyestrain without the use of drugs or surgery."

We pass up the self-sufficiency that arrogates to itself

the right to coin new words and to give to them meanings that by no possible law can be attributed to them. The juice in the cocoanut is this: certain men who have had some insufcient training in the fitting of glasses and who are possessed of that "little knowledge" necessary to make them dangerous things, have organized the "Mississippi Optical Society" and are applying to the legislature for a law providing that no one in Mississippi shall fit glasses—at least that is the way the judges and lawyers will construe it—unless and until he shall pass an examination—an "examination," God save the mark—before a board appointed by the Governor on the recommendation of the aforesaid society.

What does it mean? First, that ignorant quacks, who know nothing of optics in the real meaning of the word, will be licensed to go about the state peddling glasses that will do more harm than good, and second, that one of the most important branches of medicine will be opened to ignoramuses. It is admitted in the bill that it is a department of medicine that is infringed on, for there is a section especially exempting physicians.

We are not so altruistic but that we believe a man who has spent four or five years in fitting himself to do this special line of practice should be protected, but the real harm will be to the people, who feeling secure in the supposed protection of the law, trust themselves to those whom it authorizes to practice "optometry" and it is on this ground that the issue should be waged. We earnestly beg of the physicians, individually, and the county societies to use all their efforts to defeat this parody on legislation.

If Mrs. Russell Sage and Mr. Andrew Carnegie really want to do some good with all the money they are crying to get rid of, why on earth don't they start and endow an institution for the teaching of how to stay well?

When one considers the appalling number of children dying under one year of age, it strikes the common, every-day mortal that something must be radically wrong with our methods of caring for infants. If this is true, whose fault is it? How can it be corrected? Whose duty is it?

A curious thing to me after years of connection, on and off, with health boards, is the remarkable dulness, indifference or ignorance with which people view the official acts of boards of health.

This is not alone true of our own state and section, but also applies to any state in the union in greater or less degree.

To obviate this phase of public thought, and to overcome the criminal death-rate in infants, any sensible philanthropist can build an eternal monument to himself by maintaining a trained and competent corps of medical men in the various states and territories of this broad country of ours delivering free lectures to men, women and children on how to live and rear children.

Publicity is the keynote to any attempt to conquer ignorance, prejudice, vice, and in fact any evil, and no greater work can engage any mind than education along these lines.

H. M. Folkes M.D.

The blank forms for the reports from the county societies to the secretary of the State Association are now in the hands of the county secretaries and the chief work to be done between this time and the first of April, so far as the State Association is concerned, is the filling in and the collecting of the annual dues that must be sent in with the reports.

There are few, if any, of the county societies that are so considerate as Hinds, which pays its secretary a small sum each year for attending to the varied work of the society, and therefore the attention of the members is called to the fact that they can help their county secretary and save him considerable annoyance by doing a little thinking and moving themselves. If a secretary so far forgets himself as to send in a report without the name of some member, even though that member may have paid no attention to repeated requests for remittance, there is apt to be a wrathy, and always a disgruntled, doctor looking for the scalp of the sinning secretary.

So the members are requested to remember that the secretary, who is more than apt to have business of his own that he must to a certain extent neglect in order to do the work of the society, cannot do it at all by himself, that there is a fixed and definite date on which his report must be in the hands of the secretary of the State Association and that it is not necessary to wait until the secretary calls for the dues, for the dues of the Association are payable at any time after January first, and the county secretary will not refuse to take them now if tendered.

The attention of the county secretaries is called to Section 2, Chapter IX, of the By-Laws of the State Association

which reads as follows: "Any county society which fails to pay its assessment, or make the reports required, on or before the date above stated, *(ten days in advance of the annual session)* shall be held as suspended, and none of its members or delegates shall be permitted to participate in any of the business proceedings of the Association or of the House of Delegates until such requirements have been met."

In a number of instances in the past men who were not entitled to a seat or voice in the Association took part in its meetings. There were thirty Mississippi doctors at Gulfport who had not paid their dues, as was discovered when the register was checked up after the meeting. But a different method of registration will be adopted at Natchez and it will be possible to tell immediately, as soon as a man registers, whether or not he is entitled to be present. Therefore the secretaries are requested to be prompt with their reports in order that the members of their societies may not think them negligent.

OBITUARY.

Resolutions of Respect by the Tri-County Medical Society.

Whereas, it has pleased Almighty God to remove from our midst our brother and fellow-practitioner, E. W. Flowers, on September 15th 1907,

Resolved, that the Tri-County Medical Society has lost a most valuable member, that his death is keenly felt by our society, and that his clientele and community have lost a faithful and capable physician and citizen.

Resolved further, that this society extends to the bereaved family its sympathy in their sorrow.

Resolved further, that a copy of these resolutions be spread upon the minutes of this society, and a copy sent to the *Mississippi Medical Monthly,* and to the McComb City papers, for publication; and a copy sent to the family of the deceased.

Thomas Purser,
R. E. Higdon,
W. H. Frizell,
Committee.

SOCIETY PROCEEDINGS.

DeSoto County Medical Society will be one of the acquisitions of the State Medical Association in 1908. Drs. A. J. Jagoe, W. S. and A. J. Weissinger, T. M. Jones, S. M. Watson, A. L. Emerson and W. T. Wilkins have applied for a charter and are to meet in Hernando Monday, March 9th, to perfect organization. There has been an association in this county since December 1882 and two of the three men who organized the original association, Drs. W. S. Weissinger and Jagoe, being respectively the president and secretary, are among those applying as incorporators of the new organization.

Harrison County Medical Society met January 14th 1908, Dr. Rowan in the chair. Those present were Drs. Rowan, Parker, Galloway, Fahnestock, Cox, Richardson, Rainold, West, Mohler, Folkes, Sheely, Carroll, Welch, Shipp. Dr. E. C. Parker, the new president, then took the chair and made a few remarks as to the future of the society. He called attention to the fact that one of the objects of the society was to draw the doctors into closer relations so that they would know each other better and that we should forget and overlook all petty differences. Regular order of business was suspended and the society heard Dr. Chas. Galloway on a matter where there was a mutual misunderstanding. The matter was amicably settled. Regular routine was suspended and Dr. Mohler elected by acclamation a member of the society. Dr. West offered resolutions commending the *"Morning World,"* a daily paper of New Orleans, for rejecting all objectionable advertisements, which passed, as follows:

Whereas, the *"Morning World,"* a daily paper of New Orleans, states that it has no room for quack doctors, quackeries and fakirs, and declines to publish notices of abortifacients and abortionists and pledges itself not to print objectionable and immoral medical advertisements;

Resolved, that the Harrison County Medical Society heartily endorses this feature of the *"Morning World,"* as it does not approve of the public press printing advertisements concerning private and venereal diseases to be carried into the homes and placed before women and children.

Resolved further, that a copy of these resolutions be sent to the *"Morning World"* and to the *Mississippi Medical Monthly.*

Dr. Folkes made a talk urging the society to get up some sort of scientific program for the ensuing year in order to

add interest to the meetings as well as being of mutual benefit. He mentioned several lines of investigation, among others the question why is it that la grippe, small-pox, diphtheria and several other diseases are so different on the coast from the same diseases in the interior. Motion by Dr. Folkes that the secretary notify three members at each meeting by registered mail that they are to have a paper at the next meeting, under penalty of a fine of one dollar, sickness being the only excuse accepted. Carried. It was also moved that the secretary be instructed to write our county legislators and notify them that we expect them to aid and support the pure food legislation which will come up in the legislature at this term. There being no further business, the society adjourned to the dining hall, where they did eat, drink and make merry as is befitting at the annual banquet. We beg to call to the attention of the other societies in the state the resolution in regard to pure food legislation and would be pleased if they would pass similar resolutions.

Hinds County Medical Society met December 10th 1907, at 8:30 p.m., with invocation by the president, Dr. Culley; the following members present: Drs. Britt, Smithson, Dobson, Sims, Ferguson, McLean, Womack and Catching. Dr. Catching was asked to act as secretary pro-tem. Drs. Galloway and Smithson were expected to read papers on fractures, but as Dr. Galloway was absent and Dr. Smithson unprepared, clinical cases were called for. Under this head Dr. Smithson called attention to the case of arthritis reported by him at a former meeting, saying that after everything in the drug line had been tried without any apparent benefit, the Bier treatment was instituted, followed by recovery in about ten days. Dr. Smithson is trying the same treatment in the same affection now and promises to give results at next meeting. After this case was reported a general discussion of arthritis and rheumatism in general was indulged in. The president then read a resume that he had prepared from the minutes of the meetings throughout the year, showing various subjects discussed. In summing up in this manner it was shown clearly to the society the benefit that can be derived from these meetings, as almost every form of injury and illness as well as class legislation and ethics was freely discussed. The election of officers was then taken up with the following results: B. L. Culley was re-elected president; W. W. Smithson, vice-president; J. D. Miller, re-elected secretary-treasurer; S. H. McLean, delegate to the State Medical Association at Natchez, with A. L. Britt alter-

nate; Dobson, censor. The treasurer's report was then read, showing balance on hand of $30.90. The customary honorarium of $25.00 was then voted to Dr. Miller as secretary-treasurer for 1907. After some discussion as to the best means of enlivening the meetings and bringing members out, it was decided that having papers prepared and read would have the desired result; thereupon the subject of "Pneumonia And Its Complications" was assigned to Dr. N. C. Womack, the discussion to be opened by Dr. McLean. The subject of "Influenza" was assigned Dr. Smithson, discussion to be opened by Dr. Britt.

Newton-Neshoba County Medical Society has elected the following officers for 1908: D. J. Rush, Philadelphia, President; Norris Stratton and T. M. Crosby, Vice-Presidents; W. H. Banks, Engine, Secretary-Treasurer.

Rankin County Medical Society met in regular session December 2nd 1907 with President Noble in the chair, Drs. J. F. Simmons and I. T. Myers were elected to membership. Drs. Stingily, Shotts and Norman made reports of cases, which were discussed at length. Officers were elected for 1908 as follows: J. T. B. Berry, Brandon, President; C. C. Shotts, Johns, Vice-President; I. T. Myers, Dobson, Censor; A. C. Norman, Cato, Secretary-Treasurer; C. R. Stingily, Pelahatchie, Delegate. Next meeting will be held in April.

BOOK REVIEWS.

A HANDBOOK OF SUGGESTIVE THERAPEUTICS, APPLIED HYPNOTISM, PSYCHIC SCIENCE, by Henry S. Monro M.D., Americus, Ga. C. V. Mosby Medical Book Co., St. Louis. Price $3.00.

There is undoubtedly much in suggestion as used in medicine and it is equally true that there are numerous instances where physicians use it as an adjuvant to, or in place of, drugs with good results, but Dr. Monro has, as is often the case with enthusiasts, gone beyond the line where anyone can follow him. Hypnotism will often prove advantageous in neurasthenia and allied conditions, but when it comes to curing sciatica, urethritis, paralysis, tuberculosis, fibroid tumors of the uterus, examples of all these being given in this book, or removing the symptoms due to uterine displacements, we confess that we are unable to follow our leader or even to suppress a feeling of

doubt as to the correctness of the diagnoses in the cases mentioned. The writer has met Dr. Monro and found his lectures very entertaining, although too full of Ella Wheeler Wilcox poetry, and is delighted to see a copy of his book even though he cannot go so far as to recommend anyone to buy it or to consider it seriously as a medical work.

THE PRINCIPLES AND PRACTICE OF MODERN OTOLOGY. By John F. Barnhill M.D., Professor of Otology, Laryngology, and Rhinology, Indiana University School of Medicine; and Ernest de W. Wales, B.S., M.D., Associate Professor of Otology, Laryngology and Rhinology, Indiana University School of Medicine. Octavo of 575 pages, with 305 original illustrations, many in colors. W. B. Saunders Company, 1907. Philadelphia. Cloth, $5.50 net; Half Morocco, $7.00 net.

In this volume we have one of the best of the recent works dealing with diseases of the ear. The authors go ahead and state what is intended in language easily understood. The illustrations are excellent and well selected.

The anatomy of the ear, especially the temporal bone, is given in detail while very little space is given to the physiology, which as yet is principally theoretical and has little space given it outside the larger and more exhaustive treatises on this subject. The major part of this volume is taken up with the discussion of purulent middle ear disease and its complications, which subject is very ably handled from the beginning to the last word.

The discussion of the various operations, including the radical mastoid operation for the cure of chronic suppurating ears, is well given and the illustrations illustrate.

The reviewer recommends the volume to any one wishing to secure an up-to-date treatise on ear diseases.

A TEXT BOOK OF MINOR SURGERY, by Edward Milton Foote A.M., M.D., Instructor of Surgery, College of Physicians and Surgeons (Columbia University); Lecturer on Surgery, New York Polyclinic Medical School; Visiting Surgeon New York Hospital; Visiting Surgeon St. Joseph's Hospital; Consulting Surgeon Randall's Island Hospitals and Schools; Formerly Chief in Surgery at the Vanderbilt Clinic. Illustrated by four hundred and seven engravings from original drawings and photographs. D. Appleton & Co., New York and London. 1908. Price $5.00.

This minor surgery comes nearer to filling the needs than anything of its kind published at the present time. The author has not loaded the reader with theories and suggestions,

but through each chapter he has made himself plain and also given the most convervative and best treatment. The chapter on dislocations and fractures strikes me as being the most interesting. It is well worth the price of the volume. One might say that this work is as unique as the author's dedication: "This book is dedicated to the man at the point of the knife, for his grit and patience, and especially for his willingness to be photographed that others may profit by his misfortune."

B. B. Martin M.D.

IMMUNE SERA: A Concise Exposition Of Our Present Knowledge Concerning The Constitution And Mode Of Action Of Antitoxins, Agglutinins, Hæmolysins, Bacteriolysins, Preciptitins, Cytotoxins and Opsonins, by Dr. Chas. F. Bolduan, Bacteriologist. Research Laboratory, Department of Health, New York. Second Edition. John Wiley & Sons, New York. Priec $1.50.

The first edition, published in 1904, has been such a great assistance to laboratory workers and, from its convenient size, to those of us who, far from the conveniences of medical centres, are struggling with our own small means to do good clinical work along these lines, that the newer and somewhat larger book, which includes with the original monograph those features necessary to bring it abreast with the times, will certainly meet with an even heartier welcome than that accorded its predecessor.

THE CORRECTION OF FEATURAL IMPERFECTIONS, by Chas. C. Miller M.D. Published by the author, 70 State St., Chicago. Price $1.50.

This little book has been prepared with some care and will be found of assistance to any having work along these lines. The discussions of various imperfections and the methods to be used for their correction, are clear and concise and while the illustrations are for the most part poor specimens from the standpoint of beauty, they illustrate the text fairly well.

THE SEXUAL INSTINCT: Its Use And Dangers As Effecting Heredity And Morals, by Jas. F. Scott B.A., M.D., C.M. Second edition, revised and enlarged. E. B. Treat & Co., New York. Price $2.00.

The second edition is not markedly different from the first, which was reviewed in these columns not many years

ago, though some changes, for the better, have been made both in the way of omissions and additions. The subject is one that undoubtedly requires very careful handling and the book is not one that can be safely put into the hands of the average layman, though it contains many truths that he should know. To the physician whose clientele includes young men and women it offers many ideas that, if intelligently used, will help him in the planting of seed that will have a good effect on both their moral and physical welfare.

GONORRHŒA: Its Diagnosis And Treatment, by Frederick Baumann Ph.D., M,D., Professor of Genito-Urinary Diseases in the Reliance Medical College and Instructor in Dermatology and Venereal Diseases in the College of Physicians and Surgeons, Chicago. D. Appleton & Co., New York. Price $1.50.

In spite of all that has been said and written on the subject, the reviewer knows of no disease of importance so consistently neglected as gonorrhea and welcomes with delight this excellent little book which is more to the point than anything he has yet seen. The author modestly speaks of it as a digest and acknowledges his obligations to the writings of Oberlaender and Kollman, which he has followed closely. Valentine has been the author whom we have consulted and advised in the past few years but Dr. Baumann has given us a much clearer guide and one that while missing nothing is far more concise.

INTERNATIONAL CLINICS, a quarterly of illustrated clinical lectures and especially prepared articles on Treatment, Medicine, Surgery, Neurology, Pediatrics. Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Larynology. Hygiene and other topics of interest to students and practitioners by leading members of the profession throughout the world. Edited by W. T. Langcope M.D., Philodelphia. Vol. IV., Series 17. J. B. Lippincott Co., Philadelphia. Price $2.00 net.

Though only one of a most excellent list of articles, Prof. Chantemesse's contribution "Five years' experience with an anti-typhoid serum" will undoubtedly be the one in this volume most widely read, for in spite of all that our sanitarians teach and preach it looks as if typhoid would be as persistent as the scriptural "poor." The other papers are of the usual high class and merit that characterizes the "Clinics" and the illustrations and general make-up of the book what we are accustomed to expect.

MISSISSIPPI MEDICAL MONTHLY.

VOL. XII.] MARCH 1908. [NO. 11

*SOME HANDICAPS IN NEGRO PRACTICE.

T. M. DYE M.D.,

SHERARD.

"Which I wish to remark,
And my language is plain,
That for ways which are dark,
And for tricks that are vain,"
The 'Delta nigger' is peculiar,—
"Which the same I would rise to explain."

Some weeks ago I addressed letters to several physicians with large negro practices, asking for their opinion as to the chief obstacles in the way of successful negro practice, with particular reference to the ignorant Delta negro, the class with which we all contend, and out of which most of us make our livelihood.

To those who replied to my question I am heartily grateful for suggestions so kindly made. Some of the replies went some length in discussing the handicaps and hindrances daily facing us in the intelligent and successful handling of the large part of our work, and some few even suggested solutions to these vexing problems. One solution, from a learned member of our own society, and a man of immense experience with this kind of practice, is to me the only solution that solves, and that one that we can't use—exchange the ignorant negro for an intelligent white man. This we would all gladly do, if we could, but we must first leave this fertile valley of black lands and black skins, and even then we would find other problems perhaps equally as vexing.

This question of how to handle the ignorant, poverty-loving, superstitious black patient, is one that demands our best thought and study. Can we control him and get best results by following the old adage that "honesty is the best policy?" must be answered from my personal experience in the negative. He is so ignorantly ignorant, and so blindly superstitious, that he has no appreciation of honest endeavor, and no respect for the physician who says "I don't know." Chicanery and bombast affect him more than honest seeking after truth. Work "done well, and with a care" awakens no appre-

*Read before the Clarksdale and Six Counties Medical Society.

ciation, but "sounding brass, or a tinkling cymbal" attract and hold him.

> "What we oft do best,
> By sick interpreters, once weak ones, is
> Not ours or not allowed; what worst, as oft
> Hitting a grosser quality, is cried up
> For our best act."

One man said "we like negro practice best of all because it is *so easy.*" Yes, it is easy, if we don't care, and treat our patient merely as a unit in the great aggregation of cases that make up our life work. But when we try to look upon him as a fellow mortal, whose individual case demands special study and treatment, and one who will intelligently cooperate with us in assisting nature to accomplish a cure, then the proposition becomes puzzling. To me it is easier far to tell the intelligent mother whose child coughs but doesn't whoop, that I don't know whether it has whooping-cough or not, than it is to struggle to save my reputation with a doubting negro, when my own mind is full of doubts, and the negro, watchful and skeptical.

One handicap that often confuses us is the negro's effort to mislead us into making an erroneous diagnosis. Just how the idea can find birth in the shallow convolutions of his brain that he is the winner and the doctor the loser when he makes us prescribe for mumps when he has a mastoiditis —just why he will take your medicine when he knows he has fooled you, is beyond my understanding. Unless, perhaps, it is his divine faith in an esoteric virtue in medicine aside from its chemical and physiological properties—a kind of mesmeric influence that you, the conjurer, exert over human ills. Believing in this peculiar power of medicine and the medicine-man, it matters not with him what the diagnosis or the drug, just so the conjurer keeps in touch with his hoodoo spirit. To his untutored mind the doctor is altogether good or wholly bad. He believes you can wave a magic wand and charm away the evil spirit that vexes him, like Christ cast out the devils, or else your touch and your physic are most potent poison, the very handiwork of Satan.

Our utter inability to get him to understand and follow directions, both as to medicine and hygiene, often prolong his sickness, or bring an unfavorable issue out of an altogether controllable trouble. This is the problem that has worried me much, and I confess it is little nearer solution than when I first begun practice. When I came to the Delta some years ago, one of the largest planters in my practice-to-be essayed the kindly role of adviser, and his first admoni-

tion was to "never leave medicine for a negro to take, but give it yourself and see that he takes it properly." We all of course know that this is not practical. Our instructions, be they repeated ever so clearly and often, fall upon unheeding ears, although they assure you that they understand, and will even mechanically repeat your directions after you, and *almost* deceive you into believing that all is clear to them. But how sadly we find next day that our "best laid plans gang aft agley."

Even though, when by dint of persistence and by simplifying we make our wishes clear, we are still beset with doubts and fears—doubts as to our patient using the little light that we have forced in on him, and fears that old granny Jones will "drop in" after we are gone, "just to see what the doctor said ailed John," and on being told our diagnosis and shown the medicine, with an air of wisdom peculiar to sublime ignorance, proceed to tell John and the dozen women in the room, that "that ain't what he needs, and it sho' will kill him, for last year when Jim and Sue lived over in Smith's deadening, Jim had a misery in his side just like John's, and this same doctor left some white powders just like these, and it wasn't three days 'fore Jim ceasted." You just as well had left these "just-like-Jim's" powders in your office, for all the doctors in Mississippi couldn't coax that negro into swallowing that medicine. These self-same old grannies have confiscated more patients and filled more graves than any other form of pestilence.

Another obstacle in our way in most cases is the negro's undying fondness for filling his belly—sick or well. It is one of the most difficult things in the hygiene of medical practice to get a negro to miss two consecutive meals. If his stomach isn't full he feels that something serious is the matter, and if your first dose of medicine doesn't make him long for the flesh-pots, he loses faith in you and throws the balance of your physic to the dogs.

Just as strong as is his belief that the sick must eat much and often or soon die, is his morbid dread of water, a kind of hydrophobia that gets hold on him as soon as he gets sick, and continues until he is almost as dry as a mummy. This fear of water manifests itself both in the internal and external application, and happy is the physician who can convince his patient that he must use water generously.

Poverty and filth, the one a nuisance and the other a curse, occupy no little place in the great army of handicaps with which we fight, but they are not altogether impregnable. Poverty doesn't preclude intelligence, and filth doesn't so

greatly menace the life of the negro, for he is to the manner born, and has developed a certain immunity.

Fondness for night prowling, sexual excesses and other tendencies, demand the attention of the physician who would know his patient and try to guide him.

No man's reputation that is builded upon negro practice is secure. With all his apparent gratitude and his protestations of confidence, which are both hollow mockeries, he will without cause or warning, suddenly drop you, and before you realize it a large section of your clientele has stampeded. Then you feel with Wolsey:

"Farewell, a long farewell, to all my greatness!
This is the state of man: to-day he puts forth
The tender leaves of hope; to-morrow blossoms,
And bears his blushing honours thick upon him;
The third day comes a frost, a killing frost,
And, when he thinks, good easy man, full surely
His greatness is a-ripening, nips his root,
And then he falls * * *
* * * *
And when he falls, he falls like Lucifer,
Never to hope again."

Conceived in infection, born in filth, nurtured at the breast of disease, the poverty-bred negro rears himself as best he can in an atmosphere of ignorance and superstition, lives an indifferent life of deception and sensuality, and at last lies himself down upon a bed of sores to die, and to dream of a heaven beyond where the white men do the work and where kinky damsels frolic around him in sportive nakedness to gratify his bestial lust.

"Which is why I remark,
And my language is plain,
That for ways that are dark,
And for tricks that are vain,"
The 'Delta nigger' is peculiar,
"Which the same I am free to maintain."

Prize Essay: In connection with the approaching International Congress on Tuberculosis to be held in Washington, D. C., Sept. 21st. to Oct. 12th, the Smithsonian Institute offers a prize of fifteen hundred dollars for the best treatise "On the Relation of Atmospheric Air to Tuberculosis". Further information may be obtained by intending competitors from Chas. D. Wolcott, Secretary Smithsonian Institute.

* GONORRHEA.

L. W. BAYNE M.D.
HATTIESBURG.

Mr. President and Gentlemen:

The subject assigned me by the committee on programme is not only important but one of great magnitude. When we come to consider the subject and divide it as it should be into acute and chronic, anterior and posterior gonorrhea, with all the grave complications that may follow in the male, and also acute and chronic with all the complications and sequelae that we find in the female, we find the subject entirely too extensive to be crowded into one paper. My remarks will deal principally with the male subject only, and with the acute anterior and posterior urethritis or gonorrhea commonly known as "clap" or "social disease" and referred to by our colored race as "town disorder" or "running range."

Gonorrhea is an inflammation of the mucus membrane of the urethra produced by a specific germ, the gonococcus, characterized by purulent discharge and painful urination. It is a disease of great antiquity, but not until about thirty years ago was the specific cause discovered. It seems to be pandemic, no nationality, race, creed or color being immune; neither does it seem to be any "respecter of persons"; the old and young, rich and poor, high and low are subject to the disease. In my private practice I have treated it in the extremes of life, from a five year old child to a man seventy years of age. We are not surprised, however, at the broad distribution and common occurrence at all ages and sexes when we come to consider the mode of contagion or transmission, which is by direct contact during the act of copulation. Some preachers, doctors, and church members, however, contract the disease from water closets and by straining. The water closet theory is rather far-fetched; the straining theory, however, is more plausible, though it is hard to elicit the truth on the part of the patient as to the kind and character of work being performed at the time of this unusual strain.

The period of incubation is from three to ten days; most usually on the third or fourth day the first symptoms appear. No doubt, gentlemen, if the truth were known some of us were well versed in the symptomatology of gonorrhea long before we understood the etiology, pathology or treatment. Usually about the third day after exposure the patient presents himself to the doctor complaining of a slight itching

*Read before the Perry-Green County Medical Society.

in or about the urethral orifice, also a slight burning sensation during or immediately after urination, with increased mucus which is slightly turbid or rice colored. The meatus is red, swollen and sensitive. If untreated, these symptoms gradually increase in severity with all the local symptoms of a violent inflammation. The discharge becomes profuse, purulent and almost of a greenish hue, and urination becomes almost unbearable. The duration of an attack varies from three weeks to twelve months; some untreated cases lasting even longer.

Diagnosis is made by subjective and objective symptoms confirmed by microspocical examination of the discharge. There are three conditions which are liable to be mistaken for acute gonorrhea. The first is known as non-specific or catarrhal urethritis—clinically there is no difference—the microscope will clear up the diagnosis. This condition is one of short duration, readily amenable to any simple line of treatment within from three to ten days. It is with this condition that quacks and patent medicine fakirs make a reputation for curing gonorrhea in from three to five days. The next condition is the muco-purulent discharge during secondary syphilis from the mucus patches formed on the mucus membrane of the urethra. The symptoms which most resemble acute gonorrhea, however, are those caused by an exacerbation of an old chronic case of clap. I think we would be safe in saying that almost fifty per cent. of acute cases we are called upon to treat in subjects who have had gonorrhea are simply the old cases that were never cured.

A small amount of pus containing gonococci is deposited upon the mucus membrane of the urethra during the act of copulation. The germ soon begins to penetrate the epithelial layer of the mucus membrane and finds its way to the sub-epithelial connective tissue. The irritation set up by the organism causes a hyperaemia of the mucus membrane with a dilatation of the capillary blood vessels and an exudation of serum, also an increased granular secretion. An abundant transudation of leucocytes soon begins from the dilated blood vessels, absorbing and carrying with them gonococci in abundance. The mucus membrane is now seen to be red, swollen and covered with a profuse muco-purulent discharge. It is by leucocytosis as a matter of course that the patient is ever able to permanently recover from the disease. As soon as the leucocytes are able to carry away the gonococci from the sub-epithelial tissue and the superficial epithelial cells containing them have been washed away or destroyed, the discharge diminishes and the symptoms subside.

Unfortunately, gonorrhea, by a great number of patients,

more especially the young boy suffering from the first attack, is regarded as if of minor importance. They do not appreciate the fact that they are suffering from a malady grave in character and lasting in effect. I believe that reading the advertisements of quacks and charlatans and the positive guarantees of numerous patent preparations on the market to cure all cases of the clap within from three to five days is one cause that leads young boys to far underestimate the gravity of a gonorrheal infection. Another evil detrimental both to patient and doctor is drug-clerk prescribing. There is probably no other disease that the drug clerk is so prone to recommend and prescribe for as gonorrhea. Some will even discourage the patient from going to a doctor for so simple and minor a complaint, assuring him that he, the druggist, has the ideal three days sure cure in stock or can quickly prepare it and save him a doctor's bill. We all know what the usual result is. After the druggist has drained him of some of his cash, he then appeals to the doctor, realizing that clap is no holiday affair. The prognosis so far as life is concerned is considered good, but grave complications may arise which may prove fatal. Even in an uncomplicated case we should be very careful in giving a definite answer to the constant question, "How long will it take you to cure me?" We all know and appreciate how unreliable statements are from the average patient who suffers from venereal disease. Therefore we do not place too much confidence in his reports of conduct. The patient's getting well depends largely upon the patient himself, that is on his power of normal resistance, also upon his temperament, his habits, both social and moral, and upon his willingness to carry out his physician's instructions. With an uncomplicated case of gonorrhea, in a patient of good habits and good general health, who carries out instructions properly, with the very best of treatment, if he is permanently well in six weeks he ought to shake hands with himself and pay his doctor a handsome fee. Many cases, however, get well in less time, but a greater number of cases go over six weeks than under.

I am sure that you will all agree with me that of all infectious diseases, the treatment of gonorrhea is the most unsatisfactory both to patient and doctor. The resources of the Pharmacopoeia have been thoroughly tested to find a specific. In my personal experience in the treatment of gonorrhea I find that each patient is a case within himself; the line of treatment that proves to be a thorough success in one case is a miserable failure in the next. The treatment depends mainly upon the stage of the disease, and a patient pre-

senting himself with an acute attack, say within the first three or four days, should be impressed with the fact that he has a serious disease which may require from four to six weeks for him to fully recover, and that all efforts on the part of the doctor will prove fruitless without co-operation on the part of the patient in strictly carrying out instructions. He should be warned of the possibility of an extension into the posterior urethra, also the several complications that may possibly follow. Carefully instruct him as to diet, also as to the use of strong condiments; impress upon him that he must religiously abstain from all alcoholic drinks, also drinks from the soda fount containing carbonic acid gas; carefully warn him of the serious results that may follow sexual indulgence or sexual excitement.

Prolonged sexual excitement is as bad or even worse than sexual indulgence. The prolonged physiological congestion incident to this condition increases the inflammation and favors an extension of the infection to the posterior urethra with the usual serious complications; horseback and bicycle riding or any other violent physical exercise should be prohibited for the same reason. Absolute rest being impracticable, we should insist on the patient retiring early to get as much sleep and rest as possible. Warn your patient of the great virulency of the pus and what the results will be should the eye become contaminated. Insist on absolute cleanliness in every respect; instruct him as to the dressing of the penis. The ordinary dressing, a piece of cotton placed over the meatus, is bad practice. It does not absorb the pus readily but causes it to collect in the mouth of the urethra producing irritation and possible reinfection. Discourage the common practice of squeezing the organ to see if the pus is there. It is irritating and harmful. Require your patient to get a well-fitting suspensory and wear it throughout the attack, as it lessens the danger of an orchitis. The next thing, gentlemen, if you are not well acquainted with your patient, is to collect at least a part of your fee in advance.

As to internal treatment: a good mercurial should be given to start with and the bowels should be kept open by giving either a C C or a lapactic pill every second or third night. Never give salts or any of the saline waters containing sulphate of magnesia as it is partially eliminated through the genito-urinary tract and is very irritating to the mucus membrane. Insist on the patient drinking freely of water; it is one of the best diuretrics we have. During the acute state, say for the first five to seven days, it is my custom not to prescribe anything by mouth except the purgative as men-

tioned, plenty of water and a good alkaline diuretic, my favorite one being bi-carbonate potash in thirty grain doses combined with large doses of tincture of hyoscyamus, say fifteen minims thrice daily. As to local treatment during this acute stage, insist on your patients taking hot baths, especially the sitz bath. If there is much inflammation with oedema of cellular tissue and painful urination, nothing gives more relief and allays the inflammation better than to immerse the organ in a hot boric acid solution. This should be done, when practicable, several times a day. The irritation produced by the disease itself usually causes very painful nocturnal erections; the elasticity of the mucus membrane being lost, the organ bends upon itself. This condition is known as cordee, and is relieved most readily by cold applications. As to injections and irrigations, during the first few days they should be very mild and non-irritating. Nothing has proved better in my hands than a hot solution of boric acid used several times a day. After the acute inflammatory stage begins to subside there is nothing in the way of an injection or an irrigation that will prove more successful in a greater percentage of cases that your Valentine's irrigator with a hot solution of potassium permanganate. This should be used when convenient twice daily, beginning with a mild solution and gradually increasing the strength. One advantage of this irrigation treatment is that it keeps you in close touch with your patient by his daily visits to your office. In connection with this irrigation I give the patient an injection to be used with a small penis syringe once or twice daily, of one of the mineral astringents, my preference being a salt of zinc, especially the chloride and iodide. Many others, as well as some of the vegetable astringents, have proven quite as efficient. In my experience with astringents, however, it is best not to use one combination too long. Sometimes a simple change will give immediate relief. After the discharge has entirely, or almost disappeared, there is nothing so efficient as the nitrate of silver. It is really the sheet anchor when we come to the last stage of gonorrhea. It should be used at first in very mild solutions, say one to eight or ten thousand, gradually increasing it to one to five hundred. There are silver preparations offered as a substitute for the nitrate, but by no means its equal. Protargol and argyrol have been very disappointing in my experience, especially argyrol. Protargol, however, in about two and a half grains to the ounce, has given me some wonderfully good results. As to internal treatment other than that mentioned in the very acute stage, it is needless for me to enumerate, and I could not mention, if I

wanted to, all the drugs that have been recommended and used for clap. Cubebs, copaiba and santalwood oil, are the old-time, honored remedies. During my first few years of practice I used them all in abundance because the college professor said so and the text book said so. During the past few years, however, I have almost discarded them entirely. No doubt they all give good results in a good many cases, but when used in sufficient quantities and for any length of time they disturb digestion so badly that they do more harm than good. Methyline blue is another drug in common use and I sometimes give it, not that I have the least faith in its influence on the disease, but it certainly has a good psychological effect on the patient, as he has demonstrated to him very plainly that your medicine is simply touching the spot. During this declining stage the old oil (Merks) of turpentine, given in small doses three times daily, has proven very satisfactory in my hands. Of late, however, I have depended almost entirely, as an internal remedy, on urotropin or cystogen, they being practically the same, in combination with lithia, directing the patient to dissolve the urotropin tablet in a glass of water, then throw in the lithia tablet and drink, while effervescent, three or four times daily. I am of the opinion that there is far more in dietetic, hygiene and local treatment than in internal medication. Fortunately for patient and doctor, nature ultimately comes to our relief as it does in many infectious diseases and by leucocytosis removes the gonococci.

When the infection reaches the bulb it readily spreads by cell invasion to the prostatic and membranous urethra. The symptoms most indicative of an invasion of the posterior urethra are a frequent and intense desire to urinate, with violent vesical tenesmus. This frequent desire may vary from every hour or two to every five or ten minutes, with intense pain in the head of the penis and perineum at close of urination. Added to this distressing symptom we may have more or less hemorrhage, varying from a few drops to a free hemorrhage. This is produced by the spasmodic contraction of the bladder and prostatic sphincters squeezing the blood from the inflamed lining membrane. We may have partial or complete incontenance of urine due to a spasm of the compressor urethrae, so that quite frequently we have to resort to the catheter. Posterior urethritis may be followed by a number of serious complications, some of which may be even dangerous, as abscess of the prostate, epididymitis, orchitis and cystitis.

In the most severe types of posterior gonorrhea it is not necessary to request your patient to go to bed or to stay in his room, for you are very apt to find him there, as he is wholly

incapacitated for business or social duties. Mild cases, however, are not confined to bed and suffer but little pain or discomfort. The bowels should of course be opened at once with a mercurial and kept open by your CC or lapactic pills. Hot sitz bath, also hot enemas, followed by cold-water injections, give great relief. Patient should be put on milk diet, and given plenty of water to drink, also bi-carbonate of potassium and hyoscyamus should be given as in acute anterior gonorrhea. In severe cases some form of opium is almost indispensible. A suppository containing the extract of opium and belladonna with a little cocaine will give the best and most speedy relief. Either hot applications or an ice bag placed to the perineum will also give much comfort to the patient. All anti-blenorrhagics and injections and irrigations into the anterior urethra should be stopped for the time being. In severe cases, where the tenesmus is severe and the hemorrhage free, a few deep instillations into the posterior urethra of nitrate of silver, two and a half grains to the ounce, will sometimes give instant relief. For the first few days nothing is better than copious irrigations of warm boric acid solution. When the acute symptoms subside this should be followed by irrigations of permanganate of potash, and last by nitrate of silver in solution, beginning with one to eight thousand and increasing to one to five hundred, the same as in anterior urethritis. These irrigations should be given through a small, soft-rubber catheter. We may fill the bladder and allow the patient to pass it out in the natural way.

When Can We Pronounce A Patient Cured?

First, when there is no visible discharge. Although the patient may have no visible discharge and suffer no inconvenience, the disease may be far from well. Here the two-glass test should be frequently resorted to.

Second, when the shreds in the urine are absent or rise to the surface of the fluid and contain no gonococci. The specific gravity of pus being much greater than that of urine, all shreds containing pus readily sink to the bottom of the glass and of course so long as there is pus there is certain to be gonococci, which may be demonstrated by the microscope. In this last stage there is nothing more effective and certain as to results than the passage of full-size cold steel sounds followed by local application of nitrate of silver, two and a half grains to the ounce, three or more times a week.

*A CASE OF GALL-STONE.

H. C. BUCK M.D.,

FRIARS POINT.

The patient, a man about thirty-five years of age, occupation merchant, had been suffering with the disease for over twenty years, and having periodical attacks of gall-stone colic, he was as yellow as saffron. The attacks of colic had been coming on at shorter intervals and increased severity as time rolled on. He first came under my care December 14th 1906, suffering with an attack of gall-stone colic, which I relieved with one or two hypodermics of one-quarter grain morphine and a purge of calomel and podophyllin. He was up and at his place of business in a day or two after my one visit. On January 25th I was again called to see him; found this attack much more severe and of longer duration than the one previous. I used about the same line of treatment as in the first call and he seemed in his usual health until April 13th, when I was again called to see him. At this time nothing gave him much relief. Dr. Pierce was called in and we treated him together. He was confined to his bed and room until May 2nd, when he was discharged in a very debilitated condition. I had repeatedly urged upon him the necessity for an operation and after this last attack I frankly told him that if he postponed the operation and had another attack he would not live through it. About May 8th he went to the Drs. Mayo. They gave him a few days preparatory treatment, and on May 18th they operated and took from him what they guessed to be about one thousand stones, so the patient said they told him after the operation. There was a sac under and attached to the gall bladder that was full of stones, the ducts were more or less obstructed and a portion of the liver had been penetrated. He came home about the first of July, the wound then discharging perhaps about two or three cupsful of bile during the twenty-four hours. On July 20th I was called in to see him; found him with a well developed case of malarial fever, and while there was a very profuse flow of bile from the wound, the discharges from the bowels were of a dirty clay color, with no evidences of containing any bile. The conditions were such as I have been in the habit of calling a "torpid liver" and I would doubtless have told the patient, as I have often done in such cases, that his liver was absolutely inactive, if I had not had ocular proof that it was acting, and secreting a normal quantity of bile, as his condition had

*Read before the Clarksdale and Six Counties Medical Society.

not affected the discharge from the wound in the least. I was very much hampered in treating this case as the Drs. Mayo had told the patient that he did not need medicine of any kind and he was very much opposed to taking medicine. I did not under the circumstances feel disposed to take the responsibility of giving it without a consulting physician, so Dr. Pierce was called and we decided to give him what we thought he needed or quit the case. The patient agreed to take treatment and we gave him six grains of calomel in three doses, given three hours apart and followed in two hours with a saline purge. After a few hours there were free bilious discharges from the bowels and a general and marked improvement in the condition of the patient. As he could not take quinine by the mouth without great nausea and vomiting, I gave him every morning, for three mornings, ten grains of bi-sulphate quinine, hypodermically, and also three drops of Fowler's Solution with eight drops of tincture of iron three times a day. He improved slowly, was troubled with indigestion and constipated bowels, which he relieved by taking a mild laxative every morning. About August 1st the wound very abruptly ceased to discharge and in a few days healed over, the bowels became more regular, the digestion improved and he was soon able to dispense with the laxative. At this time his appetite and digestion is good, his color healthy and he says he feels better than he has for more than twenty years.

As to the number of stones taken from him, I have them in my office. After washing them several times in water and twice in alcohol and drying them thoroughly, I weighed and measured them. They weighed seven and a half drachms, or four hundred and fifty grains, and measure eleven fluid drachms. They range in size from that of a grain of sand to that of a large shot, the greater number being about the size of a large shot. The largest one weighed four grains. When we take into consideration the light weight of the gall-stone (forty-one grains to the fluid drachm) we can readily see what an immense number of these stones there are.

Much has been written regarding the effects of calomel on the liver. From my experience with this case I am convinced that the remedy has no effect on the organ as far as increasing or diminishing the secretion of bile, but it does affect the ducts and causes an increase of the flow of bile into the intestines. While there was no change in the discharge from the patient's wound before or after taking the calomel, there was a marked change in the character of the bowel discharge and in the general condition of the patient.

ASSOCIATION PRESIDENTS.

W. Y. GADBERRY, Yazoo City.

President 1856.

W. Y. Gadberry was born near Greenville, S. C., in 1822. His parents emigrated to Mississippi during his infancy, his father being afterwards one of the first judges of the probate court in Mississippi and later clerk of the court at Benton. Dr. Gadberry's early education was acquired at Benton, Miss., and Greenville, S. C., and he graduated in medicine from the University of Louisville in 1845, locating in Benton. For several years he was a collaborator to Gross' *Journal of Medicine,* contributing articles on typhoid fever, artificial inflation of the lungs and enlarged spleen.

In 1856 he called a meeting of the medical men of the state for the purpose of organizing the Mississippi State Medical Association, and was elected its first president by acclamation.

During he civil war he served as surgeon with the Army of Tennessee, and while in this position organized the hospital at Oxford which proved of so great value after the battles of Shiloh and Corinth.

In 1867 he settled at Yazoo City, where he passed the remainder of his days, with the exception of one year, 1869, when he held the chair of surgery in the Louisville Medical College. He died in Yazoo City in 1896.

In 1849 Dr. Gadberry married Miss Helen Price of Kentucky, and of the union were born four sons, all of whom died in early manhood. His second marriage was with Miss Thornton of Kentucky, who bore him eight children.—*Transactions* 1906.

THE NEW STATE BOARD OF HEALTH.

DR. E. C. COLEMAN, *President*,	Kosciusko
DR. S. H. McLEAN, *Secretary*,	Jackson
DR. B. A. SHEPHERD,	Lexington
*DR. JOHN DARRINGTON,	Yazoo City
DR. T. E. ROSS,	Hattiesburg
*DR. G. S. BRYAN,	Amory
*DR. L. D. DICKERSON,	McComb City
*DR. D. J. WILLIAMS,	Ellisville
DR. W. L. LITTLE,	Wesson
DR. A. F. RICHARDSON,	Sturgis
*DR. E. A. CHEEK,	Arcola
DR. R. A. SEALE,	Holly Springs
DR. J. R. TACKETT,	Meridian

* From state at large on the nomination of the Medical Association.

MISSISSIPPI MEDICAL MONTHLY.

E. F. HOWARD B.S., M.D., EDITOR AND PUBLISHER.

ASSOCIATE EDITORS

B. B. MARTIN M.D., Vicksburg. H. L. SUTHERLAND M.D., Rosedale.
H. M. FOLKES M.D., Biloxi. M. H. BELL M.D., Vicksburg.

OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

The secretary of the State Association is in receipt of a letter from the secretary of one of the county societies, enclosing a copy of a circular letter which he is sending out. He writes the state secretary as follows: "Notice enclosed letter in which I say 'all dues must be paid through the local society.' Is that correct? If so, I presume you will not accept State Association dues except through said local society. And no one can register at Natchez as a member who has not so paid his dues? Advise me."

The gentleman is eminently correct. The State Association secretary has no authority to accept dues from individual members. The ninth chapter of the by-laws seems to be sufficiently clear in the matter, and if it were not the following extract from the minutes of the 1904 meeting, *Transactions* 1904, page 18, decides the point: "Several applications for membership were made by physicians not yet affiiliated with county societies. It was decided that it was unconstitutional to so accept members and those applying were extended the privileges of the floor and urged to join their nearest county societies." There can be no doubt that a "member" who wishes to pay his dues, at the meeting of the State Association, to the state secretary, is "not yet affiliated with" his county society, for the dues in the county society include the Association dues and unless the dues are paid in the county society he is not a member of it. If he is a member of his county society he owes no dues to the State Association and if he has paid no dues to the State Association it is because he is not a member of the county society and therefore is not entitled to pay them.

Section 4 of the first Chapter of the by-laws states specifically that no member or delegate shall be entitled to register until his right to do so shall have been verified by reference to the roster of his society. Owing to our methods of registration in past years it has not been practicable to make

reference in each individual case, but an effort, at least, will be made to do so at Natchez. Of course no hard and fast rule, by which a bona fide member would be barred by error, will be enforced, but when we remember that there were thirty Mississippi physicians who were not entitled to membership, registered as members at the Gulfport meeting, it will be seen that something must be done to put matters on a business basis. The county secretaries are requested to impress these facts upon their members and see to it that no one is left out.

With this issue we begin an innovation that we feel sure will be of interest to our readers. For some time the office force of the *Monthly* has been employed in collecting data concerning the presidents of the Association in the hope of aiding the secretary to collect sufficient material to justify the publication of a history of the Association. Brief sketches of a large majority of these have been secured, enough to justify us in beginning the publication, and on another page of this issue we give that of Dr. W. Y. Gadberry of Yazoo City, the first president. We propose to publish one or more of these sketches each month, feeling sure that we could not employ the space to better advantage than in giving the members a permanent record of those men who were the leaders in the upbuilding of the Association.

SOCIETY PROCEEDINGS.

Harrison County Medical Society met in regular session February 11th, at the Carlton Club Rooms, Gulfport, Miss. Members present were Drs. West, Parker, Sheeley, Mohler, Morris, Cox, Welch, Cox and Shipp. Meeting was called to order by the president, Dr. Parker. Minutes of the January regular meeting read and adopted; also the minutes of the called session of February 3d. Under caption of new business, Dr. Z. B. Welch arose and declared himself innocent of any accusations against Dr. Carraway of Long Beach at the meeting of December 10th, when Dr. Carraway was up for reinstatement, but only asked questions in regard to rumors about Dr. Carraway. Dr. Welch's statement was confirmed by all members present at the December meeting. Dr. C. A. Sheeley

then read a most excellent paper on the pathogenic cocci that attack the human organism, our present antiseptic measures to destroy same, and pointed out the inadequateness of such remedies alone and pointed out the return to feeding and other hygienic measures to keep the balance of power on the side of the organism instead of the cocci, showing by evidence and declaring in semiprophetic language that the pendulum was swinging in that direction. The paper was discussed by Drs. Ray, Shipp, West and Morris. Dr. R. W. Shipp then read a very interesting paper on "Ptomains with citation of case of poisoning by oysters," referring to the extreme toxity of the poison and the failure to destroy same by boiling. Case reported the patient failed to pass any urine for one hundred and twenty-seven hours. Papers discussed by Drs. Ray, Morris and Sheeley. Dr. Tarry of Long Beach, by his own request, was dropped from the society and secretary was instructed to send letter of regrets to Dr. Tarry. On motion, adjourned to next regular meeting.

Perry-Green County Medical Society met in regular semi-monthly session in its apartments in First National Bank building January 20th at 7:30 o'clock with President J. J. Stevens in the chair and a large attendance. Clinical Cases—Dr. J. J. Stevens reported a very instructive case which was fully discussed. Papers and Discussions—Ex-President Cook delivered his farewell address as president of the society, which was well received and very instructive to all present. He outlined a future policy for the society, which, if carried out, will broaden very perceptibly the usefulness of the society. A card of thanks was voted Ex-President Cook for this valuable contribution. Unfinished Business—Secretary S. Lewis Knight stated that he was not yet in a position to advise the society just when Dr. McCormack would visit Mississippi and Hattiesburg. Miscellaneous Business—Forrest County having been created, in which a large majority of the members of Perry-Green County Medical Society reside, and in which county the society now holds its meetings, its home being no longer in Perry-Green counties, it became necessary to make some alterations. Therefore it was moved that the secretary be instructed to apply to the president of the Mississippi State Medical Association for an amendment, giving us a Tri-county Medical Society (Forrest-Perry-Green counties). Dr. B. T. Robertson of New Augusta was elected delegate to the Mississippi State Medical Association from Perry County.

Dr. Dorsett of Lucedale, Miss., was elected delegate from Green County. Upon application from Dr. H. L. Flake of this city, he was discharged from membership. Application of Dr. W. A. Kellogg of this city was received and referred to Board of Censors. Committees—A committee composed of Drs. L. H. Howard, T. E. Ross and H. L. McKinnon, was appointed to investigate the advisability of increasing amount of county dues, securing more commodious apartments for holding meetings and salary of secretary. Public Health Legislation—On this committee President Stevens appointed Drs. R. B. Stapleton, B. L. Crawford and S. Lewis Knight. Announcements—Under this head President Stevens made a very interesting address, for which he was voted a card of thanks.

Perry-Green County Medical Society held a special meeting on February 7th, President Stevens in the chair and Secretary S. Lewis Knight at his desk, with a large attendance. This special session was called for the purpose of determining what steps, if any, should be taken in securing, through the state legislature, now in session, the following legislation: A State Pure Food Law, Establishing a State Chemical Laboratory, Opposing the so-called bill "An Act to regulate the practice of Optometry in the State of Mississippi." A State Pure Food Law was heartily recommended by the members of the society, and a committee of three appointed to draft resolutions in its favor to be presented before the state legislature at this session. State Chemical Laboratory, as outlined in the bill to be presented to the legislature during this session, was heartily approved by all members present, and a committee of two appointed to draft such resolutions to be placed before the state legislature. "An Act to regulate the practice of Optometry in the State of Mississippi" was most heartily condemned by all members present, and a committee appointed to draft resolutions to this effect to be placed before the present session of the state legislature. Dr. W. W. Crawford, ex-President of the Mississippi State Medical Association, urged all members of the society to use their influence to secure the passage of a bill prohibiting undergraduates of medical colleges appearing before the Mississippi State Board for license to practice medicine.

Perry-Green County Medical Society met in regular monthly session on the 17th of February at 7:30 p.m. with a large attendance. On account of the absence of both president and vice-president, Dr. T. E. Ross was unanimously

elected to the chair pro tem. As to whether the society should be known as a Uni or Tri-County Medical Society was discussed, and it was decided to obtain the wishes of the members of the society in Perry-Green counties, and Councilor Ross agreed to take the matter up at an early date and secure their wishes in the matter. The proposed changes in the constitution of the State Association, Article VIII, Section 3, to read: "At the evening session of the first day" instead of "On the morning of the last day," was taken up, discussed and voted in the affirmative, delegates to be instructed to vote for this change. The proposed change in the by-laws to amend Chapter V by adding "Section 5. No member elected to the State Board of Health by the Association may succeed himself," was unanimously approved, and delegates are instructed to vote for said change. A circular letter from S. H. McLean, Secretary of the Mississippi State Board of Health, was read, favoring an appropriation by the state legislature of ten thousand dollars to be used by that body. Discussed, but no definite action taken. A very instructive paper on gonorrhea was presented by Dr. W. L. Bayne, of this city. Discussion was opened by Dr. L. H. Martin, of this city, in a very able manner, and general discussion was entered into very heartily by all members present.

Tri-County (Copiah-Lincoln-Pike) Medical Society met at Hazelhurst, at 2 p.m., Feb. 11th, Dr. J. A. Rowan in the chair and the following members present: Drs. J. T. Butler, J. H. Beavers, J. M. Catching, L. D. Dickerson, J. M. Dampeer, W. H. Frizell, J. C. Higdon, D. W. Jones, J. H. Johnson, W. L. Little, W. B. Patterson, J. A. Rowan, C. H. Rice, J. T. Walker and S. G. Wilson. Dr. Geo. Rae, at home here on vacation, was also present. Dr. Rowan presented an interesting clinic, a case of neurasthenia. Dr. Catching read a paper on "Malignant And Benign Tumors," which was discussed by Drs. Little and Rice, they making report of two cases treated with trypsin. Dr. S. Wilson read a paper on "Tecnique Of Brain Surgery," which was discussed by Drs. Johnson and Rae, they reporting cases of traumatism of brain and treatment. Dr. Patterson read a paper on "LaGrippe," which provoked quite a general discussion, in which practically all took part. Dr. Patterson provoked a storm of applause by his eulogy of "The Grip," a humorous touch with which he closed the discussion. The next meeting will be held at McComb, April 7th, at which time the regular course of study of the A. M. A. will be continued.

BOOK REVIEWS.

WELLCOME'S PHOTOGRAPHIC EXPOSURE RECORD AND DIARY, 1908. Price 50 cents, through photo dealers, or from Burroughs Wellcome & Co., 45 Lafayette street, New York, N. Y.

With the present day methods in photography the security of a good negative is simply making a proper exposure. The calculation for exposure in this book is a very simple and reliable one, and with it the book contains a full article explaining the conditions governing exposure, another on development, tables for interior work, telephotography, copying, enlarging, night photography, etc. There is also a complete diary for recording three hundred exposures. Altogether it is a very valuable little book for any physician who takes a little recreation in the camera and is recommended to him.

BELL.

SYPHILIS, A Treatise For Practitioners, by E. L. Keyes Jr., A.B., M. D., Ph.D. Clinical Professor of Genito-Urinary Surgery, New York Polyclinic, etc. With fifty-nine illustrations in the text and nine plates, seven of which are colored. D. Appleton & Co., New York. Price $5.00.

Of all the works on syphilis that the reviewer has seen, this is the one that strikes him as being nearer a guide to what is wanted in general work, it being based exclusively on cases and figures taken from private practice, whereas practically all the others have hospital work for their foundation. It is a well-known fact that hospital cases are extremes, whether we take the individual case for study or look to the wards for general statistics, and so ideas and opinions based on hospital work are apt to be misleading when we come to apply them in private work, and as it is in private work that the great majority of physicians are employed, this book should find a ready and large demand.

The book is the embodiment of practically sixty years of work along the special lines of which it treats, the case books of Dr. Van Buren and the elder Keyes being drawn upon by the author, himself a syphilologist of note, while the chapters on special subjects have been reviewed by men who have given more than usual attention to them.

MISSISSIPPI MEDICAL MONTHLY.

VOL. XII.] APRIL 1908. [NO. 12

*THE TECHNIQUE OF BRAIN SURGERY.

SOLON G. WILSON M.D.,
BROOKHAVEN.

Surgery of the brain is divided into two great classes: elective and emergency.

Under the first head the most important are operations for intra-cranial tumors, brain abscess, sinus thrombosis aneurysm within the head and Jacksonian epilepsy. These are interesting to the average practitioner from a diagnostic view-point, chiefly.

Under the traumatic or emergency head, for convenience, I have placed fractures, gunshot wounds and compression from external injury. During the course of routine practice, this latter class is met daily and to this I shall direct my few remarks based upon some ten or twelve cases, among the negro race principally.

Before proceeding further, I want to suggest that I have nothing startling to offer in the way of salient points, but I want to record the high resisting power noticed in my few operations on the brain, in the cases seen, all of which were traumatic. There never developed during their course the slightest evidence of pus formation, which has made the writer conclude that the scalp offers an unusual amount of natural resistance or it was due to the cerebro-spinal fluid, or possibly due to the inherent race-resistance to injury.

Instruments used in this class of operations should be as few as possible: a scalpel, scissors, two artery forceps, rat-teeth forceps, a needle, trephine and rongeur forceps. A great many operators prefer the chisel to the trephine; the advantage of the latter, however, is that you do not have to expend so much force, thereby reducing the chance of increasing concussion. The small trephine with a rongeur offers an advantage over the large for the same reason.

Preparations for all skull operations are practically the same. The entire head should be shaved, and the usual aseptic

*Read before the Tri-County (Pike, Lincoln, Copiah) Medical Society.

precautions should be taken. Chloroform as an anesthetic is preferable, for by its use congestion of the brain and meninges is claimed to be lessened.

In the question of incision it is always better to have an extensive flap, saving the operator a great deal of embarrassment, and giving free field for operation. A semilunar flap seems to apply to all degrees.

In a simple compression we want an osteo-cutaneous flap, the base of which is to be turned down where exposure is wanted. In a marked multiple fracture, the freer and larger the flap the better. In this form of injury it is hardly wise or expedient to attempt to preserve the bone tissue, as in this form cicatrization develops very rapidly, serving as a very good protection. Especial care should be given to the smoothing off of remaining bone tissue, done preferably with a rongeur.

The question of controlling hemorrhage before entering the dura is usually quite easy. However, there are times when the oozing from the bone tissues is annoying and it becomes necessary to bite up the bone with artery forceps, after you have gotten into the sac. The first method, and certainly a conservative one, is dry aseptic sponge compresses. A great number of operators like normal salt solution for this form of hemorrhage and, after having reached the brain surface, all are together as to the great dangers attending the use of strong antiseptics. In fact this is a day of strictly aseptic surgery and not antiseptic, applying to even minor work.

The most important part of a brain injury is the opening of the dura. This should be done even though there is no evidence of injury to the sac, as after an operation, when this important part is overlooked, the patient does not seem to be relieved of compression symptoms, after which the sac is opened and a clot formation is discovered.

Upon opening the dura, cerebro-spinal fluid escapes, the stream being increased with each expiration.

The drainage of this class of wound is a difficult proposition to lay down rules for, applying to all cases.

My experience has been that in those cases in which I put in a drain I wished afterward that I had not, and in those cases that a drain was left out I wished that it had been employed. In the cases that a drain was not put in, the accumulation of a sero-sanguinous fluid gave rise to a tumefaction and the sac had to be opened, before which the patients developed a semi-comatose condition, being immediately relieved

by the opening of the sac. The suture material for the scalp and the dura, I believe should be catgut, the very finest size possible for the dura. The most important point in draining brain wounds is to avoid draining through the scalp immediately over exposed brain tissue, on account of the danger of encouraging "hernia cerebri." The drainage should be carried by an opening through healthy scalp at some distance from the exposed brain.

It is indeed striking the amount of shock a patient suffers even from the slightest brain laceration.

The portion of the brain injured must be considered. As a rule, a wound of the anterior brain gives rise to much less mortality than does a wound of the posterior part of the brain, while laceration of the base of the brain is the most promptly fatal of all.

Brain injuries, as to their recoveries, are most uncertain. There are cases recorded of injuries of the most desperate nature recovered from, while on the other hand fatalities have followed apparently minor injuries.

Before concluding, I desire to offer merely as food for thought, the question of brain surgery on criminals. In Scotland there has been going on for some years a series of experiments on criminals who had been condemned and turned over for the purpose of research. The reports are that born criminals, with criminal history dating back for generations, after operation have been returned to the country as first-class citizens.

---

*SUGGESTION, SIMPLE AND HYPNOTIC.

J. J. SLACK M.D.,

FRIARS POINT.

In the preparation of this article the writer finds it impossible to cover such a wide field as the subject demands in the space and time allotted and therefore must confine himself to a short explanation of suggestion and its application to the everyday practice of medicine.

Hypnotic suggestion was brought prominently before the medical profession by Mr. Baird, of Manchester, England, in the *Journal of Medical Science* in 1863, but Liebault, of Nancy, France, "The Father of Therapeutical Suggestion," in

*Read before the Clarksdale and Six Counties Medical Society.

his writings from 1863 to 1865 laid the foundation for its practical use by the medical fraternity.

To these men, more than to any one else, are we indebted for the advances made in the use of suggestion in the cure of diseases and for having, to a great extent, divested it from charletanism, which had until then surrounded it, and placed it upon a proper therapeutical basis.

That the mind of man is of a dual nature, composed of mind and soul, is a fact recognized by almost all of the modern writers on psychology, and so well established is this fact that it is not the purpose of this article to dispute, or even to argue the point. Modern psychology divides these two parts into objective and subjective minds, the objective which controls and the subjective which is controlled.

The objective is that part of the mental man which takes care of the body, looks out for the things of this life, is supremely selfish, caring only for the gratification of the passions and the satisfaction of the animal man, self-preservation being its first law. It has its loves, its anger, its passions and its appetites, it eats and sleeps, is a stern tyrant over the subjective mind and finally, when this life is over, dies with the body.

The subjective, as its name signifies, is subject to and under the control of the objective, and is the seat of our veneration for Diety, of memory, that blessed faculty of recalling the past, of all the unselfish love, charity and Christian virtues ascribed to humanity. It never sleeps, does not die, and when released from its earthly shell returns to the God who made it. In other words it is that subtle, invisible and immortal essence which the Great Creator "breathed into the nostrils" of our father Adam on that ever memorable evening of the sixth day when he became "a living soul."

Hypnotism, from the Greek word "Hypnos," meaning sleep, is a voluntary surrender of that control which the objective mind exercises over the subjective, allowing the operator to supplant it with that of his own objective, thus placing the subjective of the patient under the absolute control of the operator's objective.

This must be entirely voluntary on the part of the patient. No operator can hypnotize an unwilling subject, but once control is established the subject is governed by the objective of the operator and his suggestions and is obedient to his will until released, when the normal mental condition of the patient is resumed and his objective again controls his subjective, leaving the ideas suggested during hypnosis as impulses of his own mind, and more or less uncontrolable.

One eminent authority says of this condition, that the patient apparently surrenders his own will and volition and becomes an automaton under the control of the operator.

Gould and Pyle, in their *Encyclopedia of Medicine* say: "Hypnotism is a state of mind, or mental attitude, artificially induced, in which the powers of volition and action are altered, and during which it is possible to forcefully offer suggestions as to acts and thoughts not readily accepted at other times." The action of some of the brain centers, both censory and motor, are arrested or suspended during this time. The hypnotic state is analagous to sleep and it may be that hypnosis is best explained in the terms that express sleep. "It is said to resemble the dormant state of a hibernating animal." The basis of the state is suggestion, the condition of the hypnotized subject being a psychic one, in which susceptibility to suggestion, and the ability to act upon it enormously increased, and in which you can secure a complete attitude of attention, which is only possible during this state.

Psychotheraphy, which is the cure of diseases through control of the mind, offers such possibilities, in selected cases, in the practice of medicine, and its influence over the functions of the body is so great that it has attracted the attention of very many of our most progressive and experienced physicians and those who have given it the most study are always glad to enlist the aid of such a potent assistant in their practice.

Even in simple suggestion the confidence which a doctor inspires by his welcome presence, his hearty greeting and his cheerful smiles are acknowledged to be a powerful aid to his therapeutics and act like a stimulating cordial upon the flagging spirits of the patient, who takes fresh courage to renew his struggle for life, while it is well known that the irresolute and nervous physician who shows, both by his face and his demeanor that he is incompetent, defeated or afraid, can scare the average patient into fits. Then add to this simple suggestion the accelerated power of hypnotic suggestion and we can accomplish wonderful results in those cases to which it is adapted.

In these latter days, when so many eminent men are "burning the midnight oil," delving into the secrets of nature for methods and means to relieve the sick, and when hypnotism has been practically stripped of the ignorance and superstition that formerly relegated it to the ranks of charlatanism, and when we can so easily inform ourselves, not only of its genesis, the methods of induction, and its powers and possibilities, but also the class of patients upon whom it would be advisable to use it, it seems that the earnest physi-

cian would wish to have at his control, not only the ordinary armamentarium of the educated doctor, but everything which can possibly assist him in restoring his patient to health and strength, and consequently he would not hesitate to use such potent aid as hypnotic suggestion offers.

In the early history of medicine, when the physician and the priest were combined in the same person, many superstitions were prevalent, and those fortunate enough to have learned something of the power of hypnosis endeavored to have the masses believe that this was a "special gift," something so very rare that the Creator did not scatter it around promiscuously, but that some special "hypnotic eye" was absolutely necessary; but now we know that it is a universal gift, and while some make very much better operators than others, yet no one need despair of learning it, for any man of ordinary intelligence, after a few hours study, can hypnotize any other man, if that man is willing and submits.

Dr. Osgood, of Boston, who had the important position of co-editor of the *Encyclopedia Americana*, says "a person may be influenced in the lighter degrees of sleep almost as much as in the profound state of hypnosis, and states that he treated a case of severe and prolonged intemperance by hypnotic suggestion and that while the patient denied having been asleep, yet he so responded to the suggestions made that he had not touched alcohol from that day, a period of eleven years." Dr. Osgood says "not only is the will of the patient not weakened, but there is no existing treatment which can strengthen the will as can hypnotic suggestion."

It has accomplished the greatest benefits in functional disturbances, dyspepsia, mental diseases, rheumatism, insomnia, intemperance, drug habits, vicious propensities, masturbation, illusory troubles, stammering, hysteria, to increase memory, and to relieve all kinds of pain. I have myself relieved and cured entirely, at one seance, a patient with such obstinate chronic constipation that almost no medicine would act on his bowels, causing a healthy action regularly each day, which continued for more than two years, when it had to be repeated, and the patient is still free from it now after more than three years, no medicine being given at all.

The possibilities of hypnotism may be briefly enumerated to be the restoration of normal functions, to remove false impressions upon the consciousness, to relieve painful conditions, to restore self-confidence and to correct vicious habits, acts and thoughts. Thus when no organic lesion of a severe character is present all the ordinary functions of the body may be controlled, constipation relieved, kidneys and bowels

caused to act, or not to act, action of heart and respiration either slowed or quickened at the will of the operator. All writers on hypnosis agree in cautioning you against any suggestion contrary to natural and physiological laws, most of them advocating the limiting of the practice of hypnosis by law to licensed physicians and scientific students, fearing that harm might be done by unprincipled or irresponsive parties.

In order to show the results of some of my work, I wish to report one or two cases occurring in my practice.

Case I. Miss C. Age 17. Been sick four days. I saw her at 1 p.m. Temperature, 106° F.; pulse 132, bowels costive, very restless, vomiting, stomach so irritable that neither food nor medicine had been retained, nor had she slept for three days, third day of menstrual period, but flow very scanty and very painful. My diagnosis was dismenorrhoea.

There being some reasons why I did not care to use an opiate, I hypnotized her and during the hypnosis made the necessary suggestions, telling her to sleep until five o'clock and that when she awakened she would be free from fever, pain and sick stomach. I left medicine to be taken after she awoke, but was informed the next day that she was all right and did not take it, that she had slept the designated time, awakened free from pain and fever with her stomach in good condition and that she had at once eaten a hearty meal, which she had digested without difficulty.

Case II. This case was examined six or eight days previously and again two days before I saw him, by one of our most reputable physicians who told the friends and the patient that he had an incurable form of heart disease and must certainly die. His friends were told to take him away from the doctor's office quickly for fear he would die there, and he was sent home believing that there was absolutely no chance for his life. He had divided his worldly goods, told his friends goodbye and was waiting the advent of the "Old man with the scythe," when a party who knew of some of my work told him to send for me and get my opinion. They did so, not thinking that I could do more than any other doctor, but just to satisfy the neighbors that all had been done for him that could be done.

I found him sitting propped up in bed, temperature 104° F.; respiration 36, with expiration very strongly accentuated; pulse 130, rapid and very weak, with no organic heart trouble that I could find, but a murmur of a blowing type over the aorta, suggestive to me of a tired heart.

He had been sick twelve days, and for the last ten had had constant high fever, with neither food nor sleep, the

stomach refusing to retain anything at all. My diagnosis was a nervous form of malarial fever. Knowing that he believed the statements of his former medical adviser, and that acting under those impressions had fully made up his mind to die, and that without removing from his mind all the ideas received previously he would die anyway, and in fact was then dying as fast as both he and the disease could make him, I believed hypnotism my only hope. So after making him fully acquainted with his condition, asserting my ability to help him, and possibly cure him, if he gave absolute obedience to all my commands and surrendered himself wholly to my care, I proceeded to hypnotize him. Under my suggestions he was asleep in ten minutes, breathing full, strong and naturally. I suggested that his fever would at once decline and return no more, that his stomach would be quiet and able to digest food, that he would sleep five hours and awake at a certain time, eat a square meal, remain awake one hour, during which time his bowels and kidneys would act well, he would find his fever gone and would be able to inform his friends that he did not have heart disease, but would be well and in the field in three days, that he would then go to sleep and sleep until nine o'clock the next morning. He obeyed it all, exactly as he had been directed, and at nine next morning commenced taking his medicine left for him, the directions for which had been given him as a suggestion. The evening of the third day I had the pleasure to have him ride three and a half miles to my office and pay me for the visit. At that time he stated that he was well. He had no more fever and made an exceedingly rapid recovery and has not had a day's sickness since, now some three years.

It has been my experience that about half the average persons can be hypnotized, some taking much longer time than others, and of the other half probably about one-half might be brought under the hypnotic influence after several trials. Excitable persons are difficult to influence and it is said that the insane can scarcely be influenced at all, the reason being the extreme difficulty of fixing their attention and controlling their minds.

*SOME BENEFITS OF EXERCISE AND PLAIN FOOD DURING PREGNANCY.

B. F. McNEAL M.D.,

EZRA.

Mr. President and Fellow Members of the Washington County Medical Society:

In discussing this subject, it is my purpose to omit the details as to hygiene and management of pregnancy, in order to center your thought on one factor of prime importance, and that factor is exercise. But it seems well to mention proper clothing, comfortable and loose about the waist, and briefly to discuss diet, plain wholesome food short of excess having an important bearing on the condition of mother and child.

I may as well admit in the outset that most of what I shall have to say is not from my own experience but is rather from the experience of others and from reasoning, or theory, coupled with my own very limited observations.

I take it that pregnancy and parturition in normal females in normal habits are normal and physiological events, and that the more nearly our women conform to the primal demands of Dame Nature, the less will be the pain and pathology incident to child-bearing, both during gestation and labor and following the latter, and in my opinion one of nature's most important reqnirements is exercise, well-regulated; yes, regulated, that is, made regular—as regular as the days come and go, general conditions permitting; exercise to foster muscular strength at the expense of surplus adipose tissue and waste products, and the more sunshine and fresh air combined therewith the better. Hence, out-of-doors exercise is preferable, and one of the best and most universally accessible forms is walking. But I beg to suggest that light work about the yard and garden, if pursued, would stand a close second in point of value to the best; while all but the heavier parts of woman's duties in housekeeping are little less valuable, furnishing, as they do, regular exercise and employing both mind and muscle at the same time. Other forms of exercise may suggest themselves. Of course heavy lifting, jolting and undue exertion are to be avoided, and exercise of whatever kind should always stop short of exhaustion but not best short of fatigue. In the earlier months of pregnancy, exercise should be restricted and guarded, increasing later.

*Read before the Washington County Medical Society.

On this point, J. Clifton Edgar, in his Obstetrics, 3d Edition, 1906, says: "There can be little doubt that not only the patients but their advisers are too prone to consider this a period of invalidism, and forget that it is a physiological process. * * * One of the most important results of the former view is the neglect of muscular exercise * * and the consequent weakening of the whole system. Now, just the opposite should be the case. The strain imposed upon the muscular system by the requirements of labor is a severe one, and should be forestalled, as far as possible, by the cultivation of muscular strength."

Why do the lower animals have less trouble during gestation and parturition? Or why so of our less civilized races?

Why does the poor man's wife in the cottage on the farm deliver her babe with less difficulty and danger than does her more wealthy sister of the city? It is a difference of physical condition in the two women; and this undoubtedly results largely from the difference in their environments and habits, clothes, food and exercise.

Exercise increases the rate and volume of respiration, the force and frequency of the heart's beat, the intake of oxygen and output of carbon dioxid, so purifying the blood and invigorating the entire system; markedly increases the action of the skin, thus relieving the kidneys, the latter acting more efficiently at the same time; promotes better action of the bowels, the liver and the glandular system in general, eliminating effete and waste material, and so trends, I think, to prevent gestational and puerperal toxemia; affords mental occupation and diversion, dispelling despondency; obviates accumulation of fat, develops muscular strength, renders the fetus smaller and the mother stronger for delivery; and the better general condition, especially the better action of muscular, blood-vascular and lymphatic systems, promotes the absorption of waste matter and normal involution after delivery.

In this connection, Edgar, above quoted, says: "A good hygiene of pregnancy," in which he includes attention to constipation, anemia, clothing and exercise in the open air, "is undoubtedly of prophylactic importance in two ways: (1) by providing the patient with healthy blood, one of the best germicides, and thus perhaps forestalling or minimizing the effects of septic infection; (2) by increasing the muscular and general nutrition, factors of undoubted importance in the prevention of subsequent subinvolution of the uterus and adnexa."

A valuable contribution to this subject, from the pen of Dr. Effa V. Davis, of Chicago, appeared in the *Journal A. M. A.*, December 2nd. 1905, from which I quote the following:

"A study of 135 cases was made to determine the relation, if any, of the child's average weight at birth to occupation and diet in the mother during pregnancy.

"Eighty-eight mothers were found inactive and abundantly well-fed. The average weight of their infants at birth was 8.06 pounds.

"Thirty-eight mothers were compelled to take active exercise, with plain but wholesome food, and the average weight at birth of their infants was 6.7 pounds. Nine mothers were ill with chronic disease during pregnancy and the average weight of their infants was 5.77 pounds. These cases were studied individually, and about half were attended in the hospital and about one-half in their own homes.

"Many patients were kept in the hospital for several months before labor, but those that were charity charges were compelled to do active housework and they were considered as active patients on plain but wholesome diet.

"It soon became noticeable that the active patients had short, easy labors, with moderate weight in the child, while the inactive private patients that waited with us, and whose appetite was tempted by friends and relatives, often had the most tedious labors, with oversized children.

"As we were so often met with reproachful surprise when a charity patient was informed that she must work for her board, both she and her friends thinking because she was pregnant that it was cruel to expect her to do active housework, we determined to study the matter more closely, and began the notes which furnish these figures.

"A temperature and pulse record, with observations as to excreta, is taken daily of all waiting and working patients, and a patient showing any evidence of toxemia is not permitted to work, but placed in bed and diet restricted.

"An abdominal supporter is advised in all cases of pendulous abdomen, but when there are no unusual symptoms the patients are encouraged to do an active day's work up to the time of delivery, and private patients are directed to walk two or three miles in the open air daily."

To recapitulate, in part, I believe that exercise, with plain food, is warranted and demanded by the following results:

1. Better general physical health of the mother.
2. Better mental condition.
3. Lessened liability to septic infection and to toxemia.
4. Increased muscular strength to the mother.

5. Smaller size of infant.
6. Shorter and easier labors.
7. Less danger, after labor, of subinvolution of the uterus and adnexa, with its attendant chronic invalidism.

MISSISSIPPI STATE MEDICAL ASSOCIATION.

The arrangements for the Natchez meeting are now well under way and from present prospects it should be one of the most interesting in the history of the Association. The Committee on Scientific Work will meet April 2nd. to complete the program, part of which is here given, and the printers promise that copies will be ready for distribution within a few days later. Nothing has been heard as we go to press from the Committee on Arrangements, with which rests the selection of some of the speakers, but Dr. Curry has appointed Dr. J. W. Young of Grenada to respond to the address of welcome and Dr. McCormack of the A. M. A. will address the Association at the evening session on the 15th., on which occasion the president will deliver his address.

Dr. McCormack's full itinerary is as follows:

Oxford, Apr. 3rd.—Address to doctors at three-thirty in the afternoon.
Oxford, Apr. 3rd.—Address to citizens at eight in the evening.
University, Apr. 4th.—Address to students at ten in the morning.

Columbus, Apr. 6th.	Jackson, Apr. 11th.
Meridian, Apr. 8th.	Vicksburg. Apr. 13th.
Hattiesburg, Apr. 9th.	Natchez, Apr. 14th. and 15th.

PRESIDENT'S ADDRESS.....*R. S. Curry, Columbus.*

ADDRESS .....*J. N. McCormack, Bowling Green, Ky.*
National Organizer A. M. A.

SECTION ON TUBERCULOSIS:—P. W. Rowland, Oxford, Chairman.

1. Diagnosis And Its Early Importance In The Management of Pulmonary Tuberculosis .....*G. H. McNeill, Newton.*
2. The Prevention Of Tuberculosis .....*B. L. Culley, Jackson.*
   Discussion to be opened by C. D. Mitchell and J. R. Tackett.
3. Phosphorus As A Therapeutic Agent In Tuberculosis.....
   .....*C. R. Norman, D'Lo.*
   Discussion to be opened by I. F. Barnes and J. D. Donald.

4. Another Phase Of The Negro Problem: What Shall We Do With Our Negro Consumptives.....*H. L. Sutherland, Rosedale.*
Discussion to be opened by T. M. Dye and A. G. Payne.

SECTION ON ELECTRO-THERAPEUTICS:—C. D. Mitchell, Pontotoc, Chairman.

1. The X-Ray As A Diagnostic Agent.....*S. W. Johnston, Vicksburg.*
2. The Field Of The X-Ray As A Diagnostic And As A Therapeutic Agent .....*W. S. Lawrence, Memphis, Tenn.*
3. The Use Of The X-Ray In Acne.....*E. P. Odeneal, Greenville.*
4. Operation Of A Case Of Cancer By Mercurie Cataphoresis.....
.....*A. Granger, New Orleans, La.*

SECTION ON BACTERIOLOGY:—L. C. Feemster, Nettleton, Chairman.

1. Bacteriology And The Country Practitioner..*S. H. Hairston, Meridian.*
2. The General Practitioner's Need Of Bacteriology.....
.....*J. B. Bullitt, University.*
Discussion on these two papers to be opened by S. A. Castle, H. F. Sproles Jr., A. K. Naugle and T. D. Welch.
3. The Importance Of The Protozoa As Infectious Agents.....
.....*J. B. McElroy, Memphis, Tenn.*
Discussion to be opened by O. N. Arrington and A. K. Naugle.
4. The Bacteriology Of Pneumonia.....*L. C. Feemster, Nettleton.*
Discussion to be opened by J. W. Barksdale and W. J. Grady.

SECTION ON GYNECOLOGY:—C. E. Catchings, Woodville, Chairman.

1. Some Points In The Technic Of Closing Bladder Fistulae, With Report Of Some Cases.....*C. J. Miller, New Orleans, La.*
Discussion to be opened by E. J. Johnson.
2. The Present Status Of Uterine Carcinoma, With Especial Reference To The Early Diagnosis And Radical Operation.....
.....*S. M. D. Clarke, New Orleans, La.*
Discussion to be opened by Jno. Darrington.
3. Vesico-Vaginal Fistulae .....*E. D. Martin, New Orleans, La.*
Discussion to be opened by J. W. D. Dicks.
4. Extra Uterine Pregnancy: Its Frequency, Difficulties In Diagnosis, Treatment Prior To Rupture, After Rupture And After The Stage Of Viability.....*F. D. Smythe, Memphis, Tenn.*
Discussion to be opened by J. W. Barksdale and M. O. Shivers.
5. Tinkering Versus Conservative Gynecology.....
.....*J. A. Crisler, Memphis, Tenn.*
6. The Preparatory And After-Treatment Of Abdominal Section, With Report Of Cases.....*H. R. Shands, Jackson.*
Discussion to be opened by J. M. Catchings.

SECTION ON MEDICINE:—D. W. Coker, Tunica, Chairman.

1. Small-Pox And Its Differential Diagnosis..*Thos. Purser, McComb City.*
2. Colitis: Operative Treatment: Report Of Cases.....
.....*Max Henning, Memphis, Tenn.*
3. The Home Treatment Of Tuberculosis.....
.....*Jno. B. Elliott, New Orleans, La.*
4. Radio-Active Baths In The Treatment Of Malaria.....
.....*E. H. Martin, Hot Springs, Ark.*

5. Influenza .....*L. L. Minor, Hollywood.*
6. Neuritis .....*J. M. Alexander, Tunica.*

SECTION ON OBSTETRICS:—J. W. Eckford, Starkville, Chairman.

1. Some Cases Of Obstetrical Surgery.....*W. R. McKinley, Columbus.*
   Discussion to be opened by W. A. Carnes and P. R. Brown.
2. Causes And Management Of Puerperal Infection.....
   .....*W. W. Hamilton, Meridian.*
   Discussion to be opened by H. F. Tatum and S. A. Castle.
3. Toxemia Of Pregnancy.....*P. W. Toombs, Memphis, Tenn.*
   Discussion to be opened by R. K. Prewitt and F. M. Smith.
4. Deciduoma Malignum.....*J. W. Unger, West Point.*
   Discussion to be opened by S. W. Scales and R. E. Higdon.
5. Puerperal Eclampsia: Causes And Treatment.....*W. R. Pope, Ethel.*
   Discussion to be opened by J. A. Berry and J. H. Portwood.
6. Conservatism In The Management Of The Third Stage Of Labor
   .....*J. M. Guthrie, Quitman.*
   Discussion to be opened by R. F. Nimocks and G. H. McNeill.
7. The Proper Management Of Patients During And After Parturition To Prevent Pelvic Inflammation.....*A. E. Kennedy, Magee.*
   Discussion to be opened by C. H. Ramsay and H. F. Garrison.
8. Prevention Of Abortion From Moral And Medical Standpoints..
   .....*W. J. Chapman, Newton.*
   Discussion to be opened by Thos. Purser and H. A. Minor.
9. Prophylactic Treatment Of Pregnancy.....*T. B. Holloman, Itta Bena.*
   Discussion to be opened by Geo. Baskervill and C. Davis.
10. An Unusual Case Of Post-Partum Hemorrhage...*F. B. Linder, Oxford.*
    Discussion to be opened by H. L. Sutherland and J. W. Young.

SECTION ON PEDIATRICS:—A. G. Payne, Greenville, Chairman.

1. Prophylaxis And Treatment Of Malaria.....*A. G. Payne, Greenville.*
   Discussion to be opened by H. L. Sutherland and J. W. Gray.
2. Gonorrhea In Girl Babies.....*E. Rosamond, Memphis, Tenn.*
   Discussion to be opened by W. W. Crawford and H. R. Shands.
3. Infantile Scurvy .....*P. Beckman, Natchez.*
   Discussion to be opened by H. M. Folkes and J. C. Armstrong.
4. Some Causes Of Gastro-Enteritis In Breast-Fed Children.....
   .....*E. F. Howard, Vicksburg.*
   Discussion to be opened by P. Beckman and D. W. Jones.
5. Auto-Intoxication Of Childhood: Its Causes.....
   .....*F. C. Spalding, Crawford.*
   Discussion to be opened by J. B. Bullitt and M. J. Alexander.
6. Etiology, Symptomatology And Diagnosis Of Diseases Of Children .....*Thomas J. Ray, Gulfport.*
   Discussion to be opened by C. Champenois and D. J. Williams.
7. Appendicitis In Children .....*M. O. Shivers, Greenville.*
   Discussion to be opened by E. J. Johnson and J. W. Barksdale.
8. Report Of A Rare Case.....*E. F. Turner, Leland.*
   Discussion to be opened by M. O. Shivers and J. E. Davis.

MISSISSIPPI MEDICAL MONTHLY.

E. F. HOWARD B.S., M.D., EDITOR AND PUBLISHER.

ASSOCIATE EDITORS

B. B. MARTIN M.D., Vicksburg. H. L. SUTHERLAND M.D., Rosedale.
H. M. FOLKES M.D., Biloxi. M. H. BELL M.D., Vicksburg.

OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

The two-year medical course now offered at the University was organized four years ago. Since that time there has been a steady increase in attendance and the quality of the students has materially improved. The work that is being done in the fundamental branches of medicine is of the most thorough character and accomplished by giving special attention to the laboratory feature. The students who have completed this course and gone elsewhere to obtain the degrees have, without an exception, expressed their entire satisfaction in the training obtained at the University. These students have attended such institutions as the University of Chicago, University of Virginia, Tulane and University of Illinois, and their work at these places is attested by their obtaining appointments in the leading hospitals of the country by the most rigid competitive examinations. It was the purpose of those who advocated this course to effect a complete organization of a four-year course as soon as conditions warranted such action. While it is possible to continue the above work upon a thoroughly sound and successful basis, in order to get those results which are so much desired it is deemed necessary at this time to add the last two years in connection with the hospital at Vicksburg.

The city of Vicksburg has transferred by deed this property valued at one hundred and fifty thousand dollars to the University of Mississippi. This institution, being owned by the University, can be used especially for the purpose of teaching medicine. It affords at present ample material and with the increase in attendance which will doubtless occur the facilities can be increased so as to supply almost an unlimited amount of clinical material. The hospital is in splendid condition, always full, and by establishing in connection with it an outdoor clinic several thousand patients can be used for advancing medical education.

With a little investigation any one may satisfy himself that there is no reason why with the proper encouragement this state should not have a medical school which will reflect great credit upon the profession. The facilities offered at the University in the fundamental branches of medicine and the clinical advantages in Vicksburg and the surrounding country, are superior to those at such institutions as the University of North Carolina, the University of West Virginia, the University of Kansas and the University of Virginia. These institutions have medical departments of a high order and with the proper effort there is not the least doubt as to the successful outcome of the medical department of the University of Mississippi. The people of Mississippi should not rest satisfied in having the young men of this state depend upon the medical schools of other states for training which can be afforded by her own people. It is perfectly evident that Mississippians can run their own affairs and they have always displayed a just pride in offering advantages for her sons. This will not only stimulate a greater loyalty to the state but will serve to elevate in time the standard of the entire medical profession within her borders. It is known to everyone that medical education is a rather expensive undertaking and by having a medical school of the most creditable character in connection with the State University it will no longer be necessary for young men seeking such training to go to the expense of attending institutions at a distance. This will not only save expense for the student but will serve to retain in the state thousands of dollars which are now expended at other schools.

It is the ambition and purpose of those especially interested in this movement to have a medical school with a high standard and which will be in accord with the ideas being advanced by the Association of American Medical Colleges. The University is at present a member of this Association, elected without a dissenting vote, and is therefore compelled to maintain that grade of work which is approved of by the leading medical educators of America.

Within recent years all of the leading medical schools have separated the teaching of the fundamental branches from the hospital work. For the last seventy-five years Tulane University has permitted students during the first two years of medical work to attend clinics, but they have come to the position where it is impossible to maintain the proper standard with this system. For this reason, with the beginning of next session the first two years of the medical course will be transferred to the academic department and the men after

completing this course will do the last two years down in the city in connection with the hospital. So it will be seen that having the first two years of medical work at Oxford and the last two years at Vicksburg, will not in any way interfere with the best results in connection with the medical department of the University of Mississippi.

The medical profession of the state should give its most loyal support to this great institution and with such encouragement and backing the results will be doubly assured.

ASSOCIATION PRESIDENTS.

S. V. D. HILL, Macon.

President 1870-1.

Samuel VanDyke Hill was born in Nashville, Tenn., July 25th. 1835 and died at the home of his brother, Ewing Hill, in St. Louis, Oct. 14th. 1889. His father was Dr. D. B. Hill of Nashville and his mother Margaret J. Stout, a sister of the late Dr. S. H. Stout of Dallas, Tex., sometime Medical Director of the Western Division of the Confederate Army. The father was of English and the mother of Dutch ancestry.

When S. V. D. Hill was quite a boy his father moved to Clay County, Miss., in the neighborhood of West Point, and here the subject of this sketch passed his youth. In 1854 he began the study of medicine in Louisville, going from thence to New York, where he graduated, University of New York, in 1856, returning to Clay County. He was married, Oct. 14th. 1861, to Miss Jenny Calvert of Palo Alto, and with his bride went immediately to Richmond, Va., where he had been assigned duty in Quintard Hospital. The young couple spent part of their honeymoon in a log cabin on the battlefield of Bull Run and later served together in Kentucky, Virginia and Georgia, being paroled at Meridian, Miss., from which place they went to Macon, where Dr. Hill practiced until his death, being associated for the greater part of the time with Dr. H. A. Minor.

While always engaged in general practice, Dr. Hill was especially noted for his ability as a diagnostician. His partner, Dr. Minor, writes of his ability in this direction "He was the best I ever met". He was a member of the national association and frequently a delegate to its sessions. He also represented his state at an international medical congress at

Washington, was one of the promoters of our first quarantine laws and served as censor of his district under the early registration laws. Besides his wife, two daughters survive him, Mrs. Sallie Vick Jones of New York and Mrs. Maggie Barry of Sherman, Tex.

Dr. Hill had a striking and pleasing personality. His head was massive and his features strong, but refined and sensitive. In repose his face showed the student and thinker. A distinguished Mississippian, who represented his state at Washington and was for many years in public life, once said that he had known personally three great intellects: Thos. J. Carlisle, Samuel J. Randall and Dr. Van Hill.

Mrs. Maggie Barry.

SOCIETY PROCEEDINGS.

Harrison County Medical Society met at Gulfport March 10th. Dr. Sheely told of a case of puzzling nature in a child, apparently and undoubtedly multiple neuritis with no cause in family or personal history for the condition. The case was discussed freely by those present. Dr. Folkes then related a very interesting set of phenomena he had observed in women who had been deprived of their ovaries, chief of which was intense headaches at the time each monthly period appeared, together with other violent nervous symptoms at this time, and noted the lack of medical literature in regard to these symptoms. He also mentioned the remedy with which he had secured the most relief, the ovarian extract of the pig, having found the same product of the cow valueless. As a prophylactic measure a small part of an ovary should be left, if possible, at time of operation. Almost the entire company joined in discussion as to the other functions of the ovary besides that of ovulation and the possible effects of its internal secretions on the economy. Drs. Folkes and Parks agreed that on all patients that they had operated and found cystic ovaries there had been previous hysteria. Then, reasoning by anology, why could not hysteria in the male be produced by cystic changes in the testicle. Under new business Dr. West called attention to Dr. Carraway's application for membership. Dr. Anderson's motion, seconded by Dr. Ray, to elect Dr. Carraway as a member, was unanimously carried. Members present, Drs. Folkes, Parker, Rainold, Sheely, Rich-

ardson, Ray, West, Mohler, Morris, Capps, Anderson and Cox. Those to read papers next time are Drs. Capps, Anderson and Carroll.

Perry-Green County Medical Society met in regular session in its apartments in First National Bank Building on the 16th. of March at 8 o'clock. Papers and discussions: the official programme was rendered, consisting of papers by M. L. Batson, Leakesville; W. W. Crawford, Hattiesburg, and P. A. Carter, Hattiesburg. The latter paper, however, was not disposed of on account of lack of time, but will be read at the next regular meeting. M. L. Batson's paper entitled: "Obstetrics In The Country" was read by the secretary, essayist not being able to be present on account of illness of his wife. This proved to be a very interesting and instructive paper, and elicited a prolonged and very interesting discussion, from which much good resulted. Discussion was opened by I. H. C. Cook, Hattiesburg, who was followed by a large number of the members present. W. W. Crawford's paper entitled: "Puerperal Septicemia" was a most excellent and instructive paper, and brought forth a very lively discussion, which was opened by S. S. Turner, and followed by almost all the members present. Unfinished business: report of Board of Censors on the application of W. A. Kellogg, Hattiesburg; was favorable and he was duly elected a member of this society. Miscellaneous business: moved by R. B. Stapleton that a committee of three be appointed by the president to look into the advisability of organizing a District Medical Association, such association to hold its meetings quarterly somewhere in this district; seconded, carried. President appointed on this committee: R. B. Stapleton, T. E. Ross, W. W. Crawford, to report at an early date. Moved by L. H. Martin that we hold our meetings bi-monthly instead of monthly: seconded, carried. Announcements: President Stevens announced that Dr. J. N. McCormack would be with us on April 9th. instead of 8th.

Tate County Medical Society met Jan. 3rd. Officers were elected for 1908 as follows: J. L. Roseborough, president; J. I. Bucey, vice-president; W. D. Smith, secretary-treasurer; M. C. Ellis, S. L. Wynne and R. D. Williams, censors; J. L. Roseborough, delegate. W. D. Potter and J. M. Phillips were issued transfers to Hinds and Panola County Societies respectively.

Tri-County (Pike, Lincoln, Copiah) Medical Society meets at McComb City April 7th at 3 p.m. The programme provides for eight papers: acute articular rheumatism, muscular rheumatism, acute bronchitis, small-pox, entero-colitis, scarlet fever and membranous laryngitis.

Tri-County (Montgomery, Carroll, Webster) Medical Society has elected the following officers for 1908: president, E.F. Arnold, Eupora; vice-presidents, E. D. Powell, Duck Hill, L. W. Finch, Eupora, G. M. Godfrey, Carrollton; secretary-treasurer, J. W. Barksdale, Vaiden. Drs. W. A. Berryhill, L. H. Hightower and Z. J. Scott are the delegates to the state association.

BOOK REVIEWS.

PERSONAL HYGIENE IN TROPICAL AND SEMI-TROPICAL COUNTRIES. By Isaac Williams Brewer M.D., Member of the American Society of Tropical Medicine. Illustrated with 8 Engravings. 12mo, 130 Pages. Bound in Flexible Cloth, Rounded Corners. Price $1.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philideiphia, Pa.

This is an attractive little handbook that bears the stamp of having been written by one who has been on the ground and offers hints that might well be considered by anyone who is on the point of migrating to the tropics.

SYLLABUS OF DISEASES OF THE EYE. E. C. Ellett M.D., Professor of Diseases of the Eye, College of Physicians and Surgeons, Memphis. Printed Privately.

This small book is printed for the use of the students attending the author's lectures and is an outline of the subjects covered in these lectures. The outline is practical and covers such subjects as it is the duty of all general practitioners to have if they attempt to treat any eye trouble. Too frequently the student merely crams to pass the examination and his patients with eye troubles are made to bear the fruits of his negligence when he attempts to treat them. To students attending the author's course of lectures this book should be of great help.

Bell.